



General Assembly

Substitute Bill No. 5447

February Session, 2010

* ____HB05447FIN__042610__ *

AN ACT CONCERNING THE CERTIFICATE OF NEED PROCESS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-630 of the 2010 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective October 1, 2010*):

4 As used in this chapter, unless the context otherwise requires:

5 [(1) "Health care facility or institution" means any facility or
6 institution engaged primarily in providing services for the prevention,
7 diagnosis or treatment of human health conditions, including, but not
8 limited to: Outpatient clinics; outpatient surgical facilities; imaging
9 centers; home health agencies and mobile field hospitals, as defined in
10 section 19a-490; clinical laboratory or central service facilities serving
11 one or more health care facilities, practitioners or institutions;
12 hospitals; nursing homes; rest homes; nonprofit health centers;
13 diagnostic and treatment facilities; rehabilitation facilities; and mental
14 health facilities. "Health care facility or institution" includes any parent
15 company, subsidiary, affiliate or joint venture, or any combination
16 thereof, of any such facility or institution, but does not include any
17 health care facility operated by a nonprofit educational institution
18 solely for the students, faculty and staff of such institution and their
19 dependents, or any Christian Science sanatorium operated, or listed
20 and certified, by the First Church of Christ, Scientist, Boston,

21 Massachusetts.

22 (2) "State health care facility or institution" means a hospital or other
23 such facility or institution operated by the state providing services
24 which are eligible for reimbursement under Title XVIII or XIX of the
25 federal Social Security Act, 42 USC Section 301 et seq., as amended.

26 (3) "Office" means the Office of Health Care Access division of the
27 Department of Public Health.

28 (4) "Commissioner" means the Commissioner of Public Health.

29 (5) "Person" has the meaning assigned to it in section 4-166.]

30 (1) "Affiliate" means a person, entity or organization controlling,
31 controlled by or under common control with another person, entity or
32 organization. Affiliate does not include a medical foundation
33 organized under chapter 594b.

34 (2) "Applicant" means any person or health care facility that applies
35 for a certificate of need pursuant to section 19a-639a, as amended by
36 this act.

37 (3) "Bed capacity" means the total number of inpatient beds in a
38 facility licensed by the Department of Public Health under sections
39 19a-490 to 19a-503, inclusive, as amended by this act.

40 (4) "Capital expenditure" means an expenditure that under
41 generally accepted accounting principles consistently applied is not
42 properly chargeable as an expense of operation or maintenance and
43 includes acquisition by purchase, transfer, lease or comparable
44 arrangement, or through donation, if the expenditure would have been
45 considered a capital expenditure had the acquisition been by purchase.

46 (5) "Certificate of need" means a certificate issued by the office.

47 (6) "Days" means calendar days.

48 (7) "Deputy commissioner" means the deputy commissioner of

49 Public Health who oversees the Office of Health Care Access division
50 of the Department of Public Health.

51 (8) "Commissioner" means the Commissioner of Public Health.

52 (9) "Free clinic" means a private, nonprofit community-based
53 organization that provides medical, dental, pharmaceutical or mental
54 health services at reduced cost or no cost to low-income, uninsured
55 and underinsured individuals.

56 (10) "Health care facility" means (A) hospitals licensed by the
57 Department of Public Health under chapter 368v; (B) specialty
58 hospitals; (C) freestanding emergency departments; (D) outpatient
59 surgical facilities, as defined in section 19a-493b, as amended by this
60 act, and licensed under chapter 368v; (E) a hospital or other facility or
61 institution operated by the state that provides services that are eligible
62 for reimbursement under Title XVIII or XIX of the federal Social
63 Security Act, 42 USC 301, as amended; and (F) and any other facility
64 requiring certificate of need review pursuant to subsection (a) of
65 section 19a-638, as amended by this act. "Health care facility" includes
66 any parent company, subsidiary, affiliate or joint venture, or any
67 combination thereof, of any such facility.

68 (11) "Nonhospital based" means located at a site other than the main
69 campus of the hospital.

70 (12) "Office" means the Office of Health Care Access division within
71 the Department of Public Health.

72 (13) "Person" means any individual, partnership, corporation,
73 limited liability company, association, governmental subdivision,
74 agency or public or private organization of any character, but does not
75 include the agency conducting the proceeding.

76 (14) "Transfer of ownership" means a transfer that impacts or
77 changes the governance or controlling body of a health care facility or
78 institution, including, but not limited to, all affiliations, mergers or any

79 sale or transfer of net assets of a health care facility.

80 Sec. 2. Section 19a-630a of the 2010 supplement to the general
81 statutes is repealed and the following is substituted in lieu thereof
82 (*Effective October 1, 2010*):

83 [As used in sections 19a-638 to 19-639c, inclusive, "affiliate" means a
84 person, entity or organization controlling, controlled by or under
85 common control with another person, entity or organization. In
86 addition to other means of being controlled, a person] For purposes of
87 this chapter, an affiliate is deemed controlled by another person if the
88 other person, or one of that other person's affiliates, officers or
89 management employees, acting in such capacity, acts as a general
90 partner of a general or limited partnership or manager of a limited
91 liability company. ["Affiliate" does not include a medical foundation
92 organized under sections 33-182aa to 33-182ff, inclusive.]

93 Sec. 3. Section 19a-634 of the 2010 supplement to the general statutes
94 is repealed and the following is substituted in lieu thereof (*Effective*
95 *October 1, 2010*):

96 (a) The Office of Health Care Access shall conduct, on an annual
97 basis, a state-wide health care facility utilization study. Such study
98 shall include, but not be limited to, an assessment of: (1) Current
99 availability and utilization of acute hospital care, hospital emergency
100 care, specialty hospital care, outpatient surgical care, primary care and
101 clinic care; (2) geographic areas and subpopulations that may be
102 underserved or have reduced access to specific types of health care
103 services; and (3) other factors that the office deems pertinent to health
104 care facility utilization. Not later than June thirtieth of each year, the
105 Commissioner of Public Health shall report, in accordance with section
106 11-4a, to the Governor and the joint standing committees of the
107 General Assembly having cognizance of matters relating to public
108 health and human services on the findings of the study. Such report
109 may also include the office's recommendations for addressing
110 identified gaps in the provision of health care services and

111 recommendations concerning a lack of access to health care services.

112 (b) The office, in consultation with such other state agencies as the
113 Commissioner of Public Health deems appropriate, shall establish and
114 maintain a state-wide health care facilities and services plan. Such plan
115 may include, but not be limited to: (1) An assessment of the availability
116 of acute hospital care, hospital emergency care, specialty hospital care,
117 outpatient surgical care, primary care, and clinic care; (2) an evaluation
118 of the unmet needs of persons at risk and vulnerable populations as
119 determined by the commissioner; (3) a projection of future demand for
120 health care services and the impact that technology may have on the
121 demand, capacity or need for such services; and (4) recommendations
122 for the expansion, reduction or modification of health care facilities or
123 services. In the development of the plan, the office shall consider the
124 recommendations of any advisory bodies which may be established by
125 the commissioner. The commissioner may also incorporate the
126 recommendations of authoritative organizations whose mission is to
127 promote policies based on best practices or evidence-based research.
128 The commissioner, in consultation with hospital representatives, shall
129 develop a process that encourages hospitals to incorporate the state-
130 wide health care facilities and services plan into hospital long-range
131 planning and shall facilitate communication between appropriate state
132 agencies concerning innovations or changes that may affect future
133 health planning. The office shall update the state-wide health care
134 facilities and services plan on or before July 1, 2012, and every five
135 years thereafter. [Said plan shall be considered part of the state health
136 plan for purposes of office deliberations pursuant to section 19a-637.]

137 (c) For purposes of conducting the state-wide health care facility
138 utilization study and preparing the state-wide health care facilities and
139 services plan, the office shall establish and maintain an inventory of all
140 health care facilities, providers and services in the state, including
141 health care facilities or providers that are exempt from certificate of
142 need requirements under subsection (b) of section 19a-638, as amended
143 by this act. The office shall develop an inventory questionnaire
144 containing uniform reporting requirements that shall be completed

145 biennially by health care facilities and providers. When completing the
146 inventory questionnaire, health care facilities and providers shall not
147 be required to provide patient specific data but instead shall provide
148 aggregate patient data.

149 Sec. 4. Section 19a-637 of the 2010 supplement to the general statutes
150 is repealed and the following is substituted in lieu thereof (*Effective*
151 *October 1, 2010*):

152 [(a) In any of its deliberations involving a proposal, request or
153 submission regarding (1) services provided by a health care facility or
154 institution under section 19a-638; (2) capital expenditures by a health
155 care facility under section 19a-639; and (3) the acquisition of equipment
156 by a person, provider, health care facility or institution under section
157 19a-639, the office shall take into consideration and make written
158 findings concerning each of the following principles and guidelines:
159 The relationship of the proposal, request or submission to the state
160 health plan pursuant to section 19a-7; the relationship of the proposal,
161 request or submission to the applicant's long-range plan; the financial
162 feasibility of the proposal, request or submission and its impact on the
163 applicant's rates and financial condition; the impact of such proposal,
164 request or submission on the interests of consumers of health care
165 services and the payers for such services; the contribution of such
166 proposal, request or submission to the quality, accessibility and cost-
167 effectiveness of health care delivery in the region; whether there is a
168 clear public need for any proposal or request; whether the health care
169 facility or institution is competent to provide efficient and adequate
170 service to the public in that such health care facility or institution is
171 technically, financially and managerially expert and efficient; that rates
172 be sufficient to allow the health care facility or institution to cover its
173 reasonable capital and operating costs; the relationship of any
174 proposed change to the applicant's current utilization statistics; the
175 teaching and research responsibilities of the applicant; the special
176 characteristics of the patient-physician mix of the applicant; the
177 voluntary efforts of the applicant in improving productivity and
178 containing costs; and any other factors which the office deems

179 relevant, including, in the case of a facility or institution as defined in
180 subsection (c) of section 19a-490, such factors as, but not limited to, the
181 business interests of all owners, partners, associates, incorporators,
182 directors, sponsors, stockholders and operators and the personal
183 backgrounds of such persons. Whenever the granting, modification or
184 denial of a request is inconsistent with the state health plan, a written
185 explanation of the reasons for the inconsistency shall be included in
186 the decision.

187 (b) Any data submitted to or obtained or compiled by the office
188 with respect to its deliberations under sections 19a-637 to 19a-639e,
189 inclusive, with respect to nursing homes, licensed under chapter 368v,
190 shall be made available to the Department of Public Health.

191 (c) Notwithstanding the provisions of subsection (a) of this section,
192 the office shall not direct or control the use of the following resources
193 of any hospital: The principal and all income from restricted and
194 unrestricted grants, gifts, contributions, bequests and endowments.]

195 The office shall promote effective health planning in the state. In
196 carrying out its assigned duties, the office shall promote the provision
197 of quality health care in a manner that ensures access for all state
198 residents to cost-effective services so as to avoid duplication of health
199 services and improve the availability and financial stability of health
200 care services throughout the state.

201 Sec. 5. Section 19a-638 of the 2010 supplement to the general statutes
202 is repealed and the following is substituted in lieu thereof (*Effective*
203 *October 1, 2010*):

204 [(a) Except as provided in sections 19a-487a and 19a-639a to 19a-
205 639c, inclusive:

206 (1) Each health care facility or institution, that intends to (A) transfer
207 its ownership or control, (B) change the governing powers of the board
208 of a parent company or an affiliate, whatever its designation, or (C)
209 change or transfer the powers or control of a governing or controlling

210 body of an affiliate, shall submit to the office, prior to the proposed
211 date of such transfer, or change, a request for permission to undertake
212 such transfer or change. For purposes of this section and section 19a-
213 639b, "transfer its ownership or control" means a transfer that impacts
214 or changes the governance or controlling body of a health care facility
215 or institution, including, but not limited to, all affiliations, mergers or
216 any sale or transfer of net assets of a health care facility or institution.

217 (2) Each health care facility or institution or state health care facility
218 or institution, including any inpatient rehabilitation facility, which
219 intends to introduce any additional function or service into its
220 program of health care shall submit to the office, prior to the proposed
221 date of the institution of such function or service, a request for
222 permission to undertake such function or service.

223 (3) Each health care facility or institution or state health care facility
224 or institution which intends to terminate a health service offered by
225 such facility or institution or reduce substantially its total bed capacity,
226 shall submit to the office, prior to the proposed date of such
227 termination or decrease, a request to undertake such termination or
228 decrease.

229 (4) Except as provided in sections 19a-639a to 19a-639c, inclusive,
230 each applicant, prior to submitting a certificate of need application
231 under this section or section 19a-639, or under both sections, shall
232 submit a request, in writing, for application forms and instructions to
233 the office. The request shall be known as a letter of intent. A letter of
234 intent shall include: (A) The name of the applicant or applicants; (B) a
235 statement indicating whether the application is for (i) a new,
236 replacement or additional facility, service or function, (ii) the
237 expansion or relocation of an existing facility, service or function, (iii) a
238 transfer of its ownership or control, (iv) a termination of a service or a
239 reduction in total bed capacity and the bed type, (v) any new or
240 additional beds and their type, (vi) a capital expenditure over three
241 million dollars, (vii) the purchase, lease or donation acceptance of
242 major medical equipment costing over three million dollars, (viii) a CT

243 scanner, PET scanner, PET/CT scanner or MRI scanner, a linear
244 accelerator or other similar equipment utilizing technology that is new
245 or being introduced into the state, or (ix) any combination thereof; (C)
246 the estimated capital cost, value or expenditure; (D) the town where
247 the project is or will be located; and (E) a brief description of the
248 proposed project. The office shall provide public notice of any
249 complete letter of intent submitted under this section or section 19a-
250 639, or both, by publication in a newspaper having a substantial
251 circulation in the area served or to be served by the applicant. Such
252 notice shall be submitted for publication not later than twenty-one
253 days after the date the office determines that a letter of intent is
254 complete. No certificate of need application will be considered
255 submitted to the office unless a current letter of intent, specific to the
256 proposal and in compliance with this subsection, has been on file with
257 the office for not less than sixty days. A current letter of intent is a
258 letter of intent that has been on file at the office up to and including
259 one hundred twenty days, except that an applicant may request a one-
260 time extension of a letter of intent of up to an additional thirty days for
261 a maximum total of up to one hundred fifty days if, prior to the
262 expiration of the current letter of intent, the office receives a written
263 request to so extend the letter of intent's current status. The extension
264 request shall fully explain why an extension is requested. The office
265 shall accept or reject the extension request not later than seven days
266 from the date the office receives such request and shall so notify the
267 applicant.

268 (b) The office shall make such review of a request made pursuant to
269 subdivision (1), (2) or (3) of subsection (a) of this section as it deems
270 necessary. In the case of a health care facility or institution that intends
271 to transfer its ownership or control, the review shall include, but not be
272 limited to, the financial responsibility and business interests of the
273 transferee and the ability of the institution to continue to provide
274 needed services or, in the case of the introduction of a new or
275 additional function or service expansion or the termination of a service
276 or function, ascertaining the availability of such service or function at

277 other inpatient rehabilitation facilities, health care facilities or
278 institutions or state health care facilities or institutions or other
279 providers within the area to be served, the need for such service or
280 function within such area and any other factors which the office deems
281 relevant to a determination of whether the facility or institution is
282 justified in introducing or terminating such functions or services into
283 or from its program. The office shall grant, modify or deny such
284 request no later than ninety days after the date of receipt of a complete
285 application, except as provided for in this section. Upon the request of
286 the applicant, the review period may be extended for an additional
287 fifteen days if the office has requested additional information
288 subsequent to the commencement of the review period. The
289 commissioner, or the commissioner's designee, may extend the review
290 period for a maximum of thirty days if the applicant has not filed in a
291 timely manner information deemed necessary by the office. Failure of
292 the office to act on such request within such review period shall be
293 deemed approval thereof. The ninety-day review period, pursuant to
294 this subsection, for an application filed by a hospital, as defined in
295 section 19a-490, and licensed as a short-term acute-care general
296 hospital or children's hospital by the Department of Public Health or
297 an affiliate of such a hospital or any combination thereof, shall not
298 apply if, in the certificate of need application or request, the hospital or
299 applicant projects either (1) that, for the first three years of operation
300 taken together, the total impact of the proposal on the operating
301 budget of the hospital or an affiliate of such a hospital or any
302 combination thereof will exceed one per cent of the actual operating
303 expenses of the hospital for the most recently completed fiscal year as
304 filed with or determined by the office, or (2) that the total capital
305 expenditure for the project will exceed fifteen million dollars. If the
306 office determines that an application is not subject to the ninety-day
307 review period pursuant to this subsection, it shall remain so excluded
308 for the entire review period of that application, even if the application
309 or circumstances change and the application no longer meets the stated
310 terms of the exclusion. Upon a showing by such facility or institution
311 that the need for such function or service or termination or transfer of

312 its ownership or control is of an emergency nature, in that the function,
313 service or termination or transfer of its ownership or control is
314 necessary to maintain continued access to the health care services
315 provided by the facility or institution, or to comply with requirements
316 of any federal, state or local health, fire, building or life safety code, the
317 commissioner, or the commissioner's designee, may waive the letter of
318 intent requirement, provided such request shall be submitted not less
319 than fourteen days before the proposed date of institution of the
320 function, service or termination or transfer of its ownership or control.

321 (c) (1) The office may hold a public hearing with respect to any
322 complete certificate of need application submitted under this section.
323 At least two weeks' notice of such public hearing shall be given to the
324 applicant, in writing, and to the public by publication in a newspaper
325 having a substantial circulation in the area served by the facility,
326 institution or provider. At the discretion of the office, such hearing
327 may be held in Hartford or in the area so served or to be served. In
328 conducting its activities under this section, section 19a-639, or under
329 both sections, the office may hold hearings on applications of a similar
330 nature at the same time.

331 (2) The office may hold a public hearing after consideration of
332 criteria that include, but need not be limited to, whether the proposal
333 involves: (A) The provision of a new or additional health care function
334 or service through the use of technology that is new or being
335 introduced into the state; (B) the provision of a new or additional
336 health care function or service that is not provided in either a region
337 designated by the applicant or in the applicant's existing primary
338 service area as defined by the office; or (C) the termination of an
339 existing health care function or service, the reduction of total beds or
340 the closing of a health care facility.

341 (3) The office shall hold a public hearing with respect to any
342 complete certificate of need application submitted to the office under
343 this section if (A) three individuals or an individual representing an
344 entity with five or more people submit a request, in writing, that a

345 public hearing be held on the proposal after the office has published
346 notice of a complete letter of intent, and (B) such request is received by
347 the office not later than twenty-one days after the date that the office
348 deems the certificate of need application complete.]

349 (a) A certificate of need issued by the office shall be required for:

350 (1) The establishment of a new health care facility;

351 (2) A transfer of ownership of a health care facility;

352 (3) The establishment of a free-standing emergency department;

353 (4) The establishment, expansion or termination by a short-term
354 acute care general hospital or children's hospital of inpatient and
355 outpatient behavioral health services, primary care clinics or specialty
356 clinics;

357 (5) The termination of an emergency department by a short-term
358 acute care general hospital;

359 (6) The establishment of an outpatient surgical facility, as defined in
360 section 19a-493b, as amended by this act;

361 (7) An increase in the number of operating rooms in an outpatient
362 surgical facility, as defined in section 19a-493b, as amended by this act;

363 (8) The establishment of cardiac services, including inpatient and
364 outpatient cardiac catheterization, interventional cardiology and
365 cardiovascular surgery;

366 (9) The acquisition of imaging equipment, including computed
367 tomography scanners, magnetic resonance imaging scanners, positron
368 emission tomography scanners and positron emission tomography-
369 computed tomography scanners, by any person, physician, provider,
370 short-term acute care general hospital or children's hospital;

371 (10) The acquisition of nonhospital based linear accelerators;

372 (11) An increase in the licensed bed capacity of a health care facility;
373 and

374 (12) The acquisition of equipment utilizing technology that has not
375 previously been utilized in the state.

376 (b) A certificate of need shall not be required for:

377 (1) Health care facilities owned and operated by the federal
378 government;

379 (2) The establishment of offices by a licensed private practitioner,
380 whether for individual or group practice, except when a certificate of
381 need is required in accordance with the requirements of section 19a-
382 493b, as amended by this act, or subdivision (9) of subsection (a) of this
383 section;

384 (3) A health care facility operated by a religious group that
385 exclusively relies upon spiritual means through prayer for healing;

386 (4) Residential care homes, nursing homes and rest homes, as
387 defined in subsection (c) of section 19a-490;

388 (5) An assisted living services agency, as defined in section 19a-490;

389 (6) Home health agencies, as defined in section 19a-490;

390 (7) Hospice services, as described in section 19a-122b;

391 (8) Outpatient rehabilitation facilities;

392 (9) Outpatient chronic dialysis services;

393 (10) Transplant services;

394 (11) Free clinics, as defined in section 19a-630, as amended by this
395 act;

396 (12) School-based health centers, community health centers, as
397 defined in section 19a-490a, and federally qualified health centers;

398 (13) Mental health and substance abuse providers not affiliated with
399 a health care facility;

400 (14) A health care facility operated by a nonprofit educational
401 institution exclusively for students, faculty and staff of such institution
402 and their dependents;

403 (15) An outpatient clinic or program operated exclusively by or
404 contracted to be operated exclusively by a municipality, municipal
405 agency, municipal board of education or a health district, as described
406 in section 19a-241;

407 (16) Replacement of existing imaging equipment, irrespective of
408 whether such equipment was acquired through certificate of need
409 approval or a certificate of need determination, provided a health care
410 facility, provider, physician or person notifies the office of the date on
411 which the equipment is replaced and the disposition of the replaced
412 equipment;

413 (17) Acquisition of cone-beam dental imaging equipment that is to
414 be used exclusively by a dentist licensed pursuant to chapter 379;

415 (18) The termination of inpatient or outpatient services offered by a
416 hospital, except as provided in subdivision (4) of subsection (a) of this
417 section and section 19a-639e, as amended by this act;

418 (19) The partial or total elimination of services provided by an
419 outpatient surgical facility, as defined in section 19a-493b, as amended
420 by this act, except as provided in section 19a-639e, as amended by this
421 act; or

422 (20) The termination of services for which the Department of Public
423 Health has requested the facility to relinquish its license.

424 (c) If a person, health care facility or institution (1) proposes to
425 relocate a facility, or (2) is unsure whether a certificate of need is
426 required under this section, such person, health care facility or
427 institution shall send a letter to the office that describes the project and

428 requests that the office make a determination as to whether a certificate
429 of need is required. In the case of a relocation, the letter shall include
430 information described in section 19a-639c, as amended by this act. A
431 person, health care facility or institution making such request shall
432 provide the office with any information the office requests as part of its
433 determination process.

434 Sec. 6. Section 19a-639 of the 2010 supplement to the general statutes
435 is repealed and the following is substituted in lieu thereof (*Effective*
436 *October 1, 2010*):

437 [(a) Except as provided in sections 19a-639a to 19a-639c, inclusive,
438 each health care facility or institution, including, but not limited to,
439 any inpatient rehabilitation facility, any health care facility or
440 institution or any state health care facility or institution proposing (1) a
441 capital expenditure exceeding three million dollars, (2) to purchase,
442 lease or accept donation of major medical equipment requiring a
443 capital expenditure, as defined in regulations adopted pursuant to
444 section 19a-643, in excess of three million dollars, or (3) to purchase,
445 lease or accept donation of a CT scanner, PET scanner, PET/CT
446 scanner or MRI scanner, a linear accelerator or other similar equipment
447 utilizing technology that is new or being introduced into this state,
448 including the purchase, lease or donation of equipment or a facility,
449 shall submit a request for approval of such expenditure to the office,
450 with such data, information and plans as the office requires in advance
451 of the proposed initiation date of such project.

452 (b) (1) The commissioner, or the commissioner's designee, shall
453 notify the Commissioner of Social Services of any certificate of need
454 request that may impact expenditures under the state medical
455 assistance program. The office shall consider such request in relation to
456 the community or regional need for such capital program or purchase
457 of land, the possible effect on the operating costs of the health care
458 facility or institution and such other relevant factors as the office
459 deems necessary. In approving or modifying such request, the
460 commissioner, or the commissioner's designee, may not prescribe any

461 condition, such as but not limited to, any condition or limitation on the
462 indebtedness of the facility or institution in connection with a bond
463 issue, the principal amount of any bond issue or any other details or
464 particulars related to the financing of such capital expenditure, not
465 directly related to the scope of such capital program and within control
466 of the facility or institution.

467 (2) An applicant, prior to submitting a certificate of need
468 application, shall submit a request, in writing, for application forms
469 and instructions to the office. The request shall be known as a letter of
470 intent. A letter of intent shall conform to the letter of intent
471 requirements of subdivision (4) of subsection (a) of section 19a-638. No
472 certificate of need application will be considered submitted to the
473 office unless a current letter of intent, specific to the proposal and in
474 compliance with this subsection, is on file with the office for not less
475 than sixty days. A current letter of intent is a letter of intent that has
476 been on file at the office no more than one hundred twenty days,
477 except that an applicant may request a one-time extension of a letter of
478 intent of not more than an additional thirty days for a maximum total
479 of not more than one hundred fifty days if, prior to the expiration of
480 the current letter of intent, the office receives a written request to so
481 extend the letter of intent's current status. The extension request shall
482 fully explain why an extension is requested. The office shall accept or
483 reject the extension request not later than seven days from the date the
484 office receives the extension request and shall so notify the applicant.
485 Upon a showing by such facility or institution that the need for such
486 capital program is of an emergency nature, in that the capital
487 expenditure is necessary to maintain continued access to the health
488 care services provided by the facility or institution, or to comply with
489 any federal, state or local health, fire, building or life safety code, the
490 commissioner, or the commissioner's designee, may waive the letter of
491 intent requirement, provided such request shall be submitted not less
492 than fourteen days before the proposed initiation date of the project.
493 The commissioner, or the commissioner's designee, shall grant, modify
494 or deny such request not later than ninety days or not later than

495 fourteen days, as the case may be, after receipt of such request, except
496 as provided for in this section. Upon the request of the applicant, the
497 review period may be extended for an additional fifteen days if the
498 office has requested additional information subsequent to the
499 commencement of the review period. The commissioner, or the
500 commissioner's designee, may extend the review period for a
501 maximum of thirty days if the applicant has not filed, in a timely
502 manner, information deemed necessary by the office. Failure of the
503 office to act upon such request within such review period shall be
504 deemed approval of such request. The ninety-day review period,
505 pursuant to this section, for an application filed by a hospital, as
506 defined in section 19a-490, and licensed as a short-term acute care
507 general hospital or a children's hospital by the Department of Public
508 Health or an affiliate of such a hospital or any combination thereof,
509 shall not apply if, in the certificate of need application or request, the
510 hospital or applicant projects either (A) that, for the first three years of
511 operation taken together, the total impact of the proposal on the
512 operating budget of the hospital or an affiliate or any combination
513 thereof will exceed one per cent of the actual operating expenses of the
514 hospital for the most recently completed fiscal year as filed with the
515 office, or (B) that the total capital expenditure for the project will
516 exceed fifteen million dollars. If the office determines that an
517 application is not subject to the ninety-day review period pursuant to
518 this subsection, it shall remain so excluded for the entire period of that
519 application, even if the application or circumstances change and the
520 application no longer meets the stated terms of the exclusion. The
521 Department of Public Health shall adopt regulations, in accordance
522 with chapter 54, to establish an expedited hearing process to be used to
523 review requests by any facility or institution for approval of a capital
524 expenditure to establish an energy conservation program or to comply
525 with requirements of any federal, state or local health, fire, building or
526 life safety code or final court order. The Department of Public Health
527 shall adopt regulations in accordance with the provisions of chapter 54
528 to provide for the waiver of a hearing for any part of a request by a
529 facility or institution for a capital expenditure, provided such facility

530 or institution and the office agree upon such waiver.

531 (3) The office shall comply with the public notice provisions of
532 subdivision (4) of subsection (a) of section 19a-638, and shall hold a
533 public hearing with respect to any complete certificate of need
534 application filed under this section, if: (A) The proposal has associated
535 total capital expenditures or total capital costs that exceed twenty
536 million dollars for land, building or nonclinical equipment acquisition,
537 new building construction or building renovation; (B) the proposal has
538 associated total capital expenditures per unit or total capital costs per
539 unit that exceed three million dollars for the purchase, lease or
540 donation acceptance of major medical equipment; (C) the proposal is
541 for the purchase, lease or donation acceptance of equipment utilizing
542 technology that is new or being introduced into the state, including
543 scanning equipment, a linear accelerator or other similar equipment; or
544 (D) three individuals or an individual representing an entity
545 comprised of five or more people submit a request, in writing, that a
546 public hearing be held on the proposal and such request is received by
547 the office not later than twenty-one days after the office deems the
548 certificate of need application complete. At least two weeks' notice of
549 such public hearing shall be given to the applicant, in writing, and to
550 the public by publication in a newspaper having a substantial
551 circulation in the area served by the applicant. At the discretion of the
552 office, such hearing shall be held in Hartford or in the area so served or
553 to be served.

554 (c) Each person or provider, other than a health care or state health
555 care facility or institution subject to subsection (a) of this section,
556 proposing to purchase, lease, accept donation of or replace (1) major
557 medical equipment with a capital expenditure in excess of three
558 million dollars, or (2) a CT scanner, PET scanner, PET/CT scanner or
559 MRI scanner, a linear accelerator or other similar equipment utilizing
560 technology that is new or being introduced into the state, shall submit
561 a request for approval of any such purchase, lease, donation or
562 replacement pursuant to the provisions of subsection (a) of this section.
563 In determining the capital cost or expenditure for an application under

564 this section or section 19a-638, the office shall use the greater of (A) the
565 fair market value of the equipment as if it were to be used for full-time
566 operation, whether or not the equipment is to be used, shared or
567 rented on a part-time basis, or (B) the total value or estimated value
568 determined by the office of any capitalized lease computed for a three-
569 year period. Each method shall include the costs of any service or
570 financing agreements plus any other cost components or items the
571 office specifies in regulations, adopted in accordance with chapter 54,
572 or deems appropriate.

573 (d) Notwithstanding the provisions of section 19a-638 or subsection
574 (a) of this section, no community health center, as defined in section
575 19a-490a, shall be subject to the provisions of said section 19a-638 or
576 subsection (a) of this section if the community health center is: (1)
577 Proposing a capital expenditure not exceeding three million dollars; (2)
578 exclusively providing primary care or dental services; and (3) either
579 (A) financing one-third or more of the cost of the proposed project
580 with moneys provided by the state of Connecticut, (B) receiving funds
581 from the Department of Public Health for the proposed project, or (C)
582 locating the proposed project in an area designated by the federal
583 Health Resources and Services Administration as a health professional
584 shortage area, a medically underserved area or an area with a
585 medically underserved population. Each community health center
586 seeking an exemption under this subsection shall provide the office
587 with documentation verifying to the satisfaction of the office,
588 qualification for this exemption. Each community health center
589 proposing to provide any service other than a primary care or dental
590 service at any location, including a designated community health
591 center location, shall first obtain a certificate of need for such
592 additional service in accordance with this section and section 19a-638.
593 Each satellite, subsidiary or affiliate of a federally qualified health
594 center, in order to qualify under this exemption, shall: (i) Be part of a
595 federally qualified health center that meets the requirements of this
596 subsection; (ii) exclusively provide primary care or dental services; and
597 (iii) be located in a health professional shortage area or a medically

598 underserved area. If the subsidiary, satellite or affiliate does not so
599 qualify, it shall obtain a certificate of need.

600 (e) Notwithstanding the provisions of section 19a-638, subsection (a)
601 of section 19a-639a or subsection (a) of this section, no school-based
602 health care center shall be subject to the provisions of section 19a-638
603 or subsection (a) of this section if the center: (1) Is or will be licensed by
604 the Department of Public Health as an outpatient clinic; (2) proposes
605 capital expenditures not exceeding three million dollars and does not
606 exceed such amount; (3) once operational, continues to operate and
607 provide services in accordance with the department's licensing
608 standards for comprehensive school-based health centers; and (4) is or
609 will be located entirely on the property of a functioning school.

610 (f) In conducting its activities under this section or section 19a-638,
611 or under both sections, the office may hold hearings on applications of
612 a similar nature at the same time.]

613 (a) The office shall review all certificate of need applications
614 utilizing the criteria prescribed in this section. In making such
615 determinations, the office shall take into consideration and make
616 written findings concerning:

617 (1) Whether the proposed project is consistent with any applicable
618 policies and standards adopted in regulations by the office or in the
619 state-wide health care facilities and services plan;

620 (2) Whether there is a clear community need for the health care
621 facility or services proposed by the applicant;

622 (3) Whether the applicant has satisfactorily demonstrated how the
623 proposal will add to the financial strength of the health care system in
624 the state;

625 (4) Whether the applicant has satisfactorily demonstrated how the
626 proposal will improve quality and safety, including, but not limited to,
627 infrastructure development such as entity collaboration, information

628 technology interoperability and benefits reimbursement structure;

629 (5) The applicant's past and proposed provision of health care
630 services to Medicaid patients and the medically indigent;

631 (6) Whether the applicant has satisfactorily identified the population
632 to be served by the proposed project and satisfactorily demonstrated
633 that the identified population has a need for the proposed services;

634 (7) The utilization of existing health care facilities and health care
635 services in the service area of the applicant; and

636 (8) Whether the applicant has satisfactorily demonstrated that the
637 proposed project shall not result in an unnecessary duplication of
638 existing or approved health care services or facilities.

639 (b) The office, as it deems necessary, may revise or supplement
640 through regulation or in the state-wide health care facilities and
641 services plan the certificate of need review criteria prescribed in
642 subsection (a) of this section.

643 Sec. 7. Section 19a-639a of the 2010 supplement to the general
644 statutes is repealed and the following is substituted in lieu thereof
645 (*Effective October 1, 2010*):

646 [(a) Except as provided in subsection (c) of section 19a-639, or as
647 required in subsection (b) of this section, the provisions of section 19a-
648 638 and subsection (a) of section 19a-639 shall not apply to: (1) An
649 outpatient clinic or program operated exclusively by, or contracted to
650 be operated exclusively for, a municipality or municipal agency, a
651 health district, as defined in section 19a-240, or a board of education;
652 (2) a residential facility for the mentally retarded licensed pursuant to
653 section 17a-227 and certified to participate in the Title XIX Medicaid
654 program as an intermediate care facility for the mentally retarded; (3)
655 an outpatient rehabilitation service agency that was in operation on
656 January 1, 1998, that is operated exclusively on an outpatient basis and
657 that is eligible to receive reimbursement under section 17b-243; (4) a

658 clinical laboratory; (5) an assisted living services agency; (6) an
659 outpatient service offering chronic dialysis; (7) a program of
660 ambulatory services established and conducted by a health
661 maintenance organization; (8) a home health agency; (9) a clinic
662 operated by the AmeriCares Foundation; (10) a nursing home; (11) a
663 rest home; or (12) a program licensed or funded by the Department of
664 Children and Families, provided such program is not a psychiatric
665 residential treatment facility, as defined in 42 CFR 483.352. The
666 exemptions provided in this section shall not apply when a nursing
667 home or rest home is, or will be created, acquired, operated or in any
668 other way related to or affiliated with, or under the complete or partial
669 ownership or control of a facility or institution or affiliate subject to the
670 provisions of section 19a-638 or subsection (a) of section 19a-639.

671 (b) Each health care facility or institution exempted under this
672 section shall register with the office by filing the information required
673 by subdivision (4) of subsection (a) of section 19a-638 for a letter of
674 intent at least fourteen days but not more than sixty calendar days
675 prior to commencing operations and prior to changing, expanding,
676 terminating or relocating any facility or service otherwise covered by
677 section 19a-638 or subsection (a) of section 19a-639, or covered by both
678 sections or subsections, except that, if the facility or institution is in
679 operation on June 5, 1998, said information shall be filed not more than
680 sixty days after said date. Not later than fourteen days after the date
681 that the office receives a completed filing required under this
682 subsection, the office shall provide the health care facility or institution
683 with written acknowledgment of receipt. Such acknowledgment shall
684 constitute permission to operate or change, expand, terminate or
685 relocate such a facility or institution or to make an expenditure
686 consistent with an authorization received under subsection (a) of
687 section 19a-639 until the next September thirtieth. Each entity
688 exempted under this section shall renew its exemption by filing
689 current information once every two years in September.

690 (c) Each health care facility, institution or provider that proposes to
691 purchase, lease or accept donation of a CT scanner, PET scanner,

PET/CT scanner or MRI scanner or a linear accelerator shall be exempt from certificate of need review pursuant to sections 19a-638 and 19a-639 if such facility, institution or provider (1) provides to the office satisfactory evidence that it purchased or leased such equipment for under four hundred thousand dollars on or before July 1, 2005, and such equipment was in operation on or before July 1, 2006, or (2) obtained, on or before July 1, 2005, from the office, a certificate of need or a determination that a certificate of need was not required for the purchase, lease or donation acceptance of such equipment.

(d) The Office of Health Care Access shall, in its discretion, exempt from certificate of need review pursuant to sections 19a-638 and 19a-639 any health care facility or institution that proposes to purchase or operate an electronic medical records system on or after October 1, 2005.

(e) Each health care facility or institution that proposes a capital expenditure for parking lots and garages, information and communications systems, physician and administrative office space, acquisition of land for nonclinical purposes, and acquisition and replacement of nonmedical equipment, including, but not limited to, boilers, chillers, heating ventilation and air conditioning systems, shall be exempt for such capital expenditure from certificate of need review under subsection (a) of section 19a-639, provided (1) the health care facility or institution submits information to the office regarding the type of capital expenditure, the reason for the capital expenditure, the total cost of the project and any other information which the office deems necessary; and (2) the total capital expenditure does not exceed twenty million dollars. Approval of a health care facility's or institution's proposal for acquisition of land for nonclinical purposes shall not exempt such facility or institution from compliance with any of the certificate of need requirements prescribed in this chapter if such facility or institution subsequently seeks to develop the land that was acquired for nonclinical purposes.

(f) Each short-term acute care general or children's hospital, chronic

725 disease hospital or hospital for the mentally ill that on July 1, 2009, is
726 providing outpatient services, including, but not limited to, physical
727 therapy, occupational therapy, speech therapy, cardiac rehabilitation,
728 occupational injury management, occupational disease management
729 and company contracted services that thereafter proposes to provide
730 such services at an alternative location within the primary services
731 area of the health care facility or institution, shall be exempt from the
732 certificate of need requirements prescribed in subsection (a) of section
733 19a-638 as relates to any such proposal to provide such services at an
734 alternative location, provided the short-term acute care general or
735 children's hospital, chronic disease hospital or hospital for the mentally
736 ill submits information to the office concerning the type of outpatient
737 services such hospital proposes to provide at the alternative location,
738 the location where such services will be provided and the reasons for
739 the proposal to provide such services at an alternative location.]

740 (a) An application for a certificate of need shall be filed with the
741 office in accordance with the provisions of this section and any
742 regulations adopted by the office. The application shall address the
743 criteria set forth in (1) subsection (a) of section 19a-639, as amended by
744 this act, (2) regulations adopted by the office, and (3) the state-wide
745 health care facilities and services plan. The applicant shall include with
746 the application a nonrefundable application fee of five hundred
747 dollars.

748 (b) Not later than twenty days prior to the date that the applicant
749 submits the certificate of need application to the office, the applicant
750 shall publish notice that an application is to be submitted to the office
751 in a newspaper having a substantial circulation in the area where the
752 project is to be located. Such notice shall be published for not less than
753 three consecutive days and shall contain a brief description of the
754 nature of the project and the street address where the project is to be
755 located. The office shall not accept the applicant's certificate of need
756 application for filing unless the application is accompanied by the
757 application fee prescribed in subsection (a) of this section and proof of
758 compliance with the publication requirements prescribed in this

759 subsection.

760 (c) Not later than five business days after receipt of a properly filed
761 certificate of need application, the office shall publish notice of the
762 application on its web site and with the office of the Secretary of the
763 State. Not later than thirty days after the date of filing of the
764 application, the office may request such additional information as the
765 office determines necessary to complete the application. The applicant
766 shall, not later than sixty days after the date of the office's request,
767 submit the requested information to the office. If an applicant fails to
768 submit the requested information to the office within the sixty-day
769 period, the office shall consider the application to have been
770 withdrawn.

771 (d) Upon determining that an application is complete, the office
772 shall provide notice of this determination to the applicant and to the
773 public in accordance with regulations adopted by the office. In
774 addition, the office shall post such notice on its web site. The date on
775 which the office posts such notice on its web site shall begin the review
776 period. Except as provided in this subsection, (1) the review period for
777 a completed application shall be ninety days from the date on which
778 the office posts such notice on its web site; and (2) the office shall issue
779 a decision on a completed application prior to the expiration of the
780 ninety-day review period. Upon request or for good cause shown, the
781 office may extend the review period for a period of time not to exceed
782 sixty days. If the review period is extended, the office shall issue a
783 decision on the completed application prior to the expiration of the
784 extended review period. If the office holds a public hearing concerning
785 a completed application in accordance with subsection (e) of this
786 section, the office shall issue a decision on the completed application
787 not later than sixty days after the date of the public hearing.

788 (e) The office shall hold a public hearing on a properly filed and
789 completed certificate of need application if three or more individuals
790 or an individual representing an entity with five or more people
791 submits a request, in writing, that a public hearing be held on the

792 application. Any request for a public hearing shall be made to the
793 office not later than thirty days after the date the office determines the
794 application to be complete.

795 Sec. 8. Section 19a-639b of the 2010 supplement to the general
796 statutes is repealed and the following is substituted in lieu thereof
797 (*Effective October 1, 2010*):

798 [(a) The Commissioner of Public Health or the commissioner's
799 designee may grant an exemption from the requirements of section
800 19a-638 or subsection (a) of section 19a-639, or both, for any nonprofit
801 facility, institution or provider that is currently under contract with a
802 state agency or department and is seeking to engage in any activity,
803 other than the termination of a service or a facility, otherwise subject to
804 said section or subsection if:

805 (1) The nonprofit facility, institution or provider is proposing a
806 capital expenditure of not more than three million dollars and the
807 expenditure does not in fact exceed three million dollars;

808 (2) The activity meets a specific service need identified by a state
809 agency or department with which the nonprofit facility, institution or
810 provider is currently under contract;

811 (3) The commissioner, executive director, chairman or chief court
812 administrator of the state agency or department that has identified the
813 specific need confirms, in writing, to the office that (A) the agency or
814 department has identified a specific need with a detailed description of
815 that need and that the agency or department believes that the need
816 continues to exist, (B) the activity in question meets all or part of the
817 identified need and specifies how much of that need the proposal
818 meets, (C) in the case where the activity is the relocation of services,
819 the agency or department has determined that the needs of the area
820 previously served will continue to be met in a better or satisfactory
821 manner and specifies how that is to be done, (D) in the case where a
822 facility or institution seeks to transfer its ownership or control, that the
823 agency or department has investigated the proposed change and the

824 person or entity requesting the change and has determined that the
825 change would be in the best interests of the state and the patients or
826 clients, and (E) the activity will be cost-effective and well managed;
827 and

828 (4) In the case where the activity is the relocation of services, the
829 Commissioner of Public Health or the commissioner's designee
830 determines that the needs of the area previously served will continue
831 to be met in a better or satisfactory manner.

832 (b) The Commissioner of Public Health or the commissioner's
833 designee may grant an exemption from the requirements of section
834 19a-638 or subsection (a) of section 19a-639, or both, for any nonprofit
835 facility, institution or provider that is currently under contract with a
836 state agency or department and is seeking to terminate a service or a
837 facility, provided (1) the commissioner, executive director, chairperson
838 or chief court administrator of the state agency or department with
839 which the nonprofit facility, institution or provider is currently under
840 contract confirms, in writing, to the office that the needs of the area
841 previously served will continue to be met in a better or satisfactory
842 manner and specifies how that is to be done, and (2) the commissioner
843 or the commissioner's designee determines that the needs of the area
844 previously served will continue to be met in a better or satisfactory
845 manner.

846 (c) A nonprofit facility, institution or provider seeking an exemption
847 under this section shall provide the office with any information it
848 needs to determine exemption eligibility. An exemption granted under
849 this section shall be limited to part or all of any services, equipment,
850 expenditures or location directly related to the need or location that the
851 state agency or department has identified.

852 (d) The office may revoke or modify the scope of the exemption at
853 any time following a public review that allows the state agency or
854 department and the nonprofit facility, institution or provider to
855 address specific, identified, changed conditions or any problems that

856 the state agency, department or the office has identified. A party to any
857 exemption modification or revocation proceeding and the original
858 requesting agency shall be given at least fourteen calendar days
859 written notice prior to any action by the office and shall be furnished
860 with a copy, if any, of a revocation or modification request or a
861 statement by the office of the problems that have been brought to its
862 attention. If the requesting commissioner, executive director, chairman
863 or chief court administrator or the Commissioner of Public Health
864 certifies that an emergency condition exists, only forty-eight hours
865 written notice shall be required for such modification or revocation
866 action to proceed.

867 (e) A nonprofit facility, institution or provider that is a psychiatric
868 residential treatment facility, as defined in 42 CFR 483.352, shall not be
869 eligible for any exemption provided for in this section, irrespective of
870 whether or not such facility is under contract with a state agency or
871 department.]

872 (a) A certificate of need shall be valid only for the project described
873 in the application. A certificate of need shall be valid for two years
874 from the date of issuance by the office. During the period of time that
875 such certificate is valid and the thirty-day period following the
876 expiration of the certificate, the holder of the certificate shall provide
877 the office with such information as the office may request on the
878 development of the project covered by the certificate.

879 (b) Upon request from a certificate holder, the office may extend the
880 duration of a certificate of need for such additional period of time as
881 the office determines is reasonably necessary to expeditiously
882 complete the project. Not later than five business days after receiving a
883 request to extend the duration of a certificate of need, the office shall
884 post such request on its web site. Any person who wishes to comment
885 on extending the duration of the certificate of need shall provide
886 written comments to the office on the requested extension not later
887 than thirty days after the date the office posts notice of the request for
888 an extension of time on its web site. The office shall hold a public

889 hearing on any request to extend the duration of a certificate of need if
890 three or more individuals or an individual representing an entity with
891 five or more people submits a request, in writing, that a public hearing
892 be held on the request to extend the duration of a certificate of need.

893 (c) In the event that the office determines that: (1) Commencement,
894 construction or other preparation has not been substantially
895 undertaken during a valid certificate of need period; or (2) the
896 certificate holder has not made a good-faith effort to complete the
897 project as approved, the office may withdraw, revoke or rescind the
898 certificate of need.

899 (d) A certificate of need shall not be transferable or assignable nor
900 shall a project be transferred from a certificate holder to another
901 person.

902 Sec. 9. Section 19a-639c of the 2010 supplement to the general
903 statutes is repealed and the following is substituted in lieu thereof
904 (*Effective October 1, 2010*):

905 [Notwithstanding the provisions of section 19a-638 or section 19a-
906 639, the office may waive the requirements of said sections and grant a
907 certificate of need to any health care facility or institution or provider
908 or any state health care facility or institution or provider proposing to
909 replace major medical equipment, a CT scanner, PET scanner, PET/CT
910 scanner or MRI scanner or a linear accelerator if:

911 (1) The health care facility or institution or provider has previously
912 obtained a certificate of need for the equipment to be replaced; or

913 (2) The health care facility or institution or provider had previously
914 obtained a determination pursuant to subsection (c) of section 19a-639a
915 that a certificate of need was not required for the original acquisition of
916 the equipment; and

917 (3) The replacement value or expenditure is less than three million
918 dollars.]

919 Any health care facility that proposes to relocate a facility shall
920 submit a letter to the office, as described in subsection (c) of section
921 19a-638, as amended by this act. In addition to the requirements
922 prescribed in said subsection (c), in such letter the health care facility
923 shall demonstrate to the satisfaction of the office that the population
924 served by the health care facility and the payer mix will not change as
925 a result of the facility's proposed relocation. If the facility is unable to
926 demonstrate to the satisfaction of the office that the population served
927 and the payer mix will not change as a result of the proposed
928 relocation, the health care facility shall apply for certificate of need
929 approval pursuant to subdivision (1) of subsection (a) of section 19a-
930 638, as amended by this act, in order to effectuate the proposed
931 relocation.

932 Sec. 10. Section 19a-639e of the 2010 supplement to the general
933 statutes is repealed and the following is substituted in lieu thereof
934 (*Effective October 1, 2010*):

935 [Notwithstanding the provisions of sections 19a-486 to 19a-486h,
936 inclusive, section 19a-638, 19a-639 or any other provision of this
937 chapter, the office may refuse to accept as filed or submitted a letter of
938 intent or a certificate of need application from any person or health
939 care facility or institution that failed to submit any required data or
940 information, or has filed any required data or information that is
941 incomplete or not filed in a timely fashion. Prior to any refusal and
942 accompanying moratorium under the provisions of this section, the
943 Commissioner of Public Health shall notify the person or health care
944 facility or institution, in writing, and such notice shall identify the data
945 or information that was not received and the data or information that
946 is incomplete in any respect. Such person or health care facility or
947 institution shall have twenty-one days from the date of mailing the
948 notice to provide the commissioner with the required data or
949 information. Such refusal and related moratorium on accepting a letter
950 of intent or a certificate of need application may remain in effect, at the
951 discretion of the commissioner, until the office determines that all
952 required data or information has been submitted. The commissioner

953 shall have twenty-one days to notify the person or health care facility
954 or institution submitting the data and information whether or not the
955 letter of intent or certificate of need application is refused. Nothing in
956 this section shall preclude or limit the office from taking any other
957 action authorized by law concerning late, incomplete or inaccurate
958 data submission in addition to such a refusal and accompanying
959 moratorium.]

960 (a) Any health care facility that proposes to terminate a service that
961 was authorized pursuant to a certificate of need issued under this
962 chapter shall file a modification request with the office not later than
963 sixty days prior to the proposed date of the termination of the service.
964 The office may request additional information from the health care
965 facility as necessary to process the modification request. In addition,
966 the office shall hold a public hearing on any request from a health care
967 facility to terminate a service pursuant to this section if three or more
968 individuals or an individual representing an entity with five or more
969 people submits a request, in writing, that a public hearing be held on
970 the health care facility's proposal to terminate a service.

971 (b) Any health care facility that proposes to terminate all services
972 offered by such facility, that were authorized pursuant to one or more
973 certificates of need issued under this chapter, shall provide notification
974 to the office not later than sixty days prior to the termination of
975 services and such facility shall surrender its certificate of need not later
976 than thirty days prior to the termination of services.

977 (c) Any health care facility that proposes to terminate the operation
978 of a facility or service for which a certificate of need was not obtained
979 shall notify the office not later than sixty days prior to terminating the
980 operation of the facility or service.

981 Sec. 11. Section 19a-653 of the 2010 supplement to the general
982 statutes is repealed and the following is substituted in lieu thereof
983 (*Effective October 1, 2010*):

984 [(a) (1) Any person or health care facility or institution that owns,

985 operates or is seeking to acquire major medical equipment costing over
986 three million dollars, or scanning equipment, a linear accelerator or
987 other similar equipment utilizing technology that is developed or
988 introduced into the state on or after October 1, 2005, or any person or
989 health care facility or institution that is required to file data or
990 information under any public or special act or under this chapter or
991 sections 19a-486 to 19a-486h, inclusive, or any regulation adopted or
992 order issued under this chapter or said sections, which fails to so file
993 within prescribed time periods, shall be subject to a civil penalty of up
994 to one thousand dollars a day for each day such information is
995 missing, incomplete or inaccurate. Any civil penalty authorized by this
996 section shall be imposed by the Department of Public Health in
997 accordance with subsections (b) to (e), inclusive, of this section.

998 (2) If a person or health care facility or institution is unsure whether
999 a certificate of need is required under section 19a-638 or section 19a-
1000 639, or under both sections, it shall send a letter to the office describing
1001 the project and requesting that the office make such a determination. A
1002 person making a request for a determination as to whether a certificate
1003 of need, waiver or exemption is required shall provide the office with
1004 any information the office requests as part of its determination process.

1005 (b) If the Department of Public Health has reason to believe that a
1006 violation has occurred for which a civil penalty is authorized by
1007 subsection (a) of this section, it shall notify the person or health care
1008 facility or institution by first-class mail or personal service. The notice
1009 shall include: (1) A reference to the sections of the statute or regulation
1010 involved; (2) a short and plain statement of the matters asserted or
1011 charged; (3) a statement of the amount of the civil penalty or penalties
1012 to be imposed; (4) the initial date of the imposition of the penalty; and
1013 (5) a statement of the party's right to a hearing.

1014 (c) The person or health care facility or institution to whom the
1015 notice is addressed shall have fifteen business days from the date of
1016 mailing of the notice to make written application to the office to
1017 request (1) a hearing to contest the imposition of the penalty, or (2) an

1018 extension of time to file the required data. A failure to make a timely
1019 request for a hearing or an extension of time to file the required data or
1020 a denial of a request for an extension of time shall result in a final order
1021 for the imposition of the penalty. All hearings under this section shall
1022 be conducted pursuant to sections 4-176e to 4-184, inclusive. The
1023 Department of Public Health may grant an extension of time for filing
1024 the required data or mitigate or waive the penalty upon such terms
1025 and conditions as, in its discretion, it deems proper or necessary upon
1026 consideration of any extenuating factors or circumstances.

1027 (d) A final order of the Department of Public Health assessing a civil
1028 penalty shall be subject to appeal as set forth in section 4-183 after a
1029 hearing before the office pursuant to subsection (c) of this section,
1030 except that any such appeal shall be taken to the superior court for the
1031 judicial district of New Britain. Such final order shall not be subject to
1032 appeal under any other provision of the general statutes. No challenge
1033 to any such final order shall be allowed as to any issue which could
1034 have been raised by an appeal of an earlier order, denial or other final
1035 decision by the Department of Public Health.

1036 (e) If any person or health care facility or institution fails to pay any
1037 civil penalty under this section, after the assessment of such penalty
1038 has become final the amount of such penalty may be deducted from
1039 payments to such person or health care facility or institution from the
1040 Medicaid account.]

1041 (a) The Department of Public Health, upon recommendation from
1042 the office, may suspend or revoke the license of any person, provider
1043 or health care facility or assess a civil penalty against such person,
1044 provider or health care facility for:

1045 (1) Any violation of this chapter or any regulation adopted
1046 thereunder, including, but not limited to, failure to obtain a certificate
1047 of need in accordance with subsection (a) of section 19a-638, as
1048 amended by this act;

1049 (2) Failure by a certificate holder to comply with any conditions

1050 enumerated in a certificate of need; and

1051 (3) Failure by a certificate holder to file financial information, data
1052 or any other information requested by the office pursuant to this
1053 chapter or any regulation adopted under this chapter.

1054 (b) In the event that the department intends to suspend or revoke
1055 the license of any person, provider or health care facility or assess a
1056 civil penalty against such person, provider or health care facility for
1057 any of the reasons prescribed in subsection (a) of this section, the
1058 department shall provide prior notice to the person, provider or health
1059 care facility of its intended action by first class mail or personal service.
1060 Such notice shall: (1) Set forth the particular reasons for the intended
1061 action; and (2) inform the person, provider or health care facility that
1062 failure to make a timely request for a hearing, as prescribed in this
1063 subsection, shall result in the department entering a final order on its
1064 intended action. Any person, provider or health care facility aggrieved
1065 by the intended action of the department shall, not later than thirty
1066 days after receipt of the notice, request a hearing to contest the
1067 department's intended action. All hearings under this section shall be
1068 conducted pursuant to sections 4-176e to 4-184, inclusive. The
1069 department may affirm, modify or set aside a proposed suspension or
1070 revocation of licensure or the imposition of any civil penalty following
1071 the hearing.

1072 (c) A final order of the department suspending or revoking a license
1073 or assessing a civil penalty shall be subject to appeal as set forth in
1074 section 4-183 after a hearing before the department pursuant to
1075 subsection (b) of this section, except that any such appeal shall be
1076 taken to the superior court for the judicial district of New Britain. Such
1077 final order shall not be subject to appeal under any other provision of
1078 the general statutes. No challenge to any such final order shall be
1079 allowed as to any issue which could have been raised by an appeal of
1080 an earlier order, denial or other final decision by the department.

1081 (d) Any civil penalty assessed pursuant to this section shall not be

1082 less than one hundred dollars nor more than five hundred dollars for
1083 each violation. Each violation shall be a separate and distinct offense,
1084 and in the case of a continuing violation, each day of continuance
1085 thereof shall be deemed a separate and distinct offense.

1086 (e) Failure to pay any civil penalty assessed pursuant to this section
1087 shall be grounds for suspension or revocation of a license. In addition,
1088 the office shall not issue a certificate of need to any person, provider or
1089 health care facility until payment of a civil penalty assessed against
1090 such person, provider or health care facility has been made.

1091 Sec. 12. Subsection (a) of section 4-67x of the 2010 supplement to the
1092 general statutes is repealed and the following is substituted in lieu
1093 thereof (*Effective October 1, 2010*):

1094 (a) There shall be a Child Poverty and Prevention Council consisting
1095 of the following members or their designees: The Secretary of the
1096 Office of Policy and Management, the president pro tempore of the
1097 Senate, the speaker of the House of Representatives, the minority
1098 leader of the Senate and the minority leader of the House of
1099 Representatives, the Commissioners of Children and Families, Social
1100 Services, Correction, Developmental Services, Mental Health and
1101 Addiction Services, Transportation, Public Health, Education [,] and
1102 Economic and Community Development, [and Health Care Access,]
1103 the Labor Commissioner, the Chief Court Administrator, the
1104 chairperson of the Board of Governors of Higher Education, the Child
1105 Advocate, the chairperson of the Children's Trust Fund Council and
1106 the executive directors of the Commission on Children and the
1107 Commission on Human Rights and Opportunities. The Secretary of the
1108 Office of Policy and Management, or the secretary's designee, shall be
1109 the chairperson of the council. The council shall (1) develop and
1110 promote the implementation of a ten-year plan, to begin June 8, 2004,
1111 to reduce the number of children living in poverty in the state by fifty
1112 per cent, and (2) within available appropriations, establish prevention
1113 goals and recommendations and measure prevention service outcomes
1114 in accordance with this section in order to promote the health and

1115 well-being of children and families.

1116 Sec. 13. Subdivisions (4) and (5) of section 12-263a of the general
1117 statutes are repealed and the following is substituted in lieu thereof
1118 (*Effective October 1, 2010*):

1119 (4) "Uncompensated care" means the cost of care that is written off
1120 as a bad debt or provided free under a free care policy that has been
1121 approved by the Office of Health Care Access division of the
1122 Department of Public Health;

1123 (5) "Other allowances" means any financial requirements, as
1124 authorized by the Office of Health Care Access division of the
1125 Department of Public Health, of a hospital resulting from
1126 circumstances including, but not limited to, an insurance settlement of
1127 a liability case or satisfaction of a lien or encumbrance, any difference
1128 between charges for employee self-insurance and related expenses. For
1129 fiscal years commencing on and after October 1, 1994, "other
1130 allowances" means the amount of any difference between charges for
1131 employee self-insurance and related expenses determined using the
1132 hospital's overall relationship of costs to charges as determined by the
1133 Office of Health Care Access division of the Department of Public
1134 Health;

1135 Sec. 14. Subdivision (11) of subsection (b) of section 17a-22j of the
1136 general statutes is repealed and the following is substituted in lieu
1137 thereof (*Effective October 1, 2010*):

1138 (11) Seven nonvoting ex-officio members, one each appointed by the
1139 Commissioners of Social Services, Children and Families, Public
1140 Health, Mental Health and Addiction Services and Education to
1141 represent his or her department and one appointed by the State
1142 Comptroller [J] and the Secretary of the Office of Policy and
1143 Management [and the Office of Health Care Access] to represent said
1144 offices;

1145 Sec. 15. Section 17a-678 of the general statutes is repealed and the

1146 following is substituted in lieu thereof (*Effective October 1, 2010*):

1147 Notwithstanding the provisions of [sections 19a-638 and 19a-639]
1148 section 19a-638, as amended by this act, (1) a community agency
1149 operating a program in a state institution or facility, (2) a nonprofit
1150 community agency operating a program, identified as closing a service
1151 delivery system gap in the state-wide service delivery plan, in a state
1152 institution or facility, and receiving funds from the Department of
1153 Mental Health and Addiction Services, or (3) a nonprofit substance
1154 abuse treatment facility, identified as closing a service delivery system
1155 gap in the state-wide service delivery plan and receiving funds from
1156 the department, shall not be required to obtain a certificate of need
1157 from the Office of Health Care Access division of the Department of
1158 Public Health.

1159 Sec. 16. Section 17b-234 of the general statutes is repealed and the
1160 following is substituted in lieu thereof (*Effective October 1, 2010*):

1161 The Department of Social Services shall notify the Newington
1162 Children's Hospital of each referral for whom said department can
1163 apply for federal matching grants. Newington Children's Hospital
1164 shall charge the Department of Social Services for said eligible referrals
1165 only and shall retain all such payments received from the department.
1166 Such payments by the state shall be in lieu of all other payments to
1167 said hospital by the state or any town in this state except payments by
1168 the Department of Social Services as provided in this section, the State
1169 Board of Education or the Department of Public Health. Such
1170 payments shall not prevent payments to said hospital from private
1171 sources for the care and support of any child in said hospital or for the
1172 balance of such operating expense. The Office of Health Care Access
1173 division of the Department of Public Health, in establishing rates to be
1174 charged by the Newington Children's Hospital, shall not include the
1175 grant made to said hospital pursuant to this section. In order to be
1176 eligible for the grant authorized by this section, the Newington
1177 Children's Hospital shall cooperate with The University of Connecticut
1178 Health Center in order to provide consolidated and coordinated

1179 pediatric services.

1180 Sec. 17. Section 17b-240 of the general statutes is repealed and the
1181 following is substituted in lieu thereof (*Effective October 1, 2010*):

1182 Notwithstanding the provisions of section 17b-239, the rate to be
1183 paid by the state to a hospital receiving appropriations granted by the
1184 General Assembly shall be established annually by the Office of Health
1185 Care Access division of the Department of Public Health pursuant to
1186 the provisions of chapter 368z, provided said office receives a waiver
1187 of Medicare principles of reimbursement from the Department of
1188 Health and Human Services pursuant to Section 222 of Public Law 92-
1189 603. This section shall be effective only for such period as said waiver
1190 remains in effect.

1191 Sec. 18. Subsection (g) of section 17b-352 of the general statutes is
1192 repealed and the following is substituted in lieu thereof (*Effective*
1193 *October 1, 2010*):

1194 (g) The Commissioner of Social Services shall adopt regulations, in
1195 accordance with chapter 54, to implement the provisions of this
1196 section. The commissioner shall implement the standards and
1197 procedures of the Office of Health Care Access division of the
1198 Department of Public Health concerning certificates of need
1199 established pursuant to section 19a-643, as amended by this act, as
1200 appropriate for the purposes of this section, until the time final
1201 regulations are adopted in accordance with said chapter 54.

1202 Sec. 19. Subsection (a) of section 17b-353 of the 2010 supplement to
1203 the general statutes is repealed and the following is substituted in lieu
1204 thereof (*Effective October 1, 2010*):

1205 (a) Any facility, as defined in subsection (a) of section 17b-352,
1206 which proposes (1) a capital expenditure exceeding one million
1207 dollars, which increases facility square footage by more than five
1208 thousand square feet or five per cent of the existing square footage,
1209 whichever is greater, (2) a capital expenditure exceeding two million

dollars, or (3) the acquisition of major medical equipment requiring a capital expenditure in excess of four hundred thousand dollars, including the leasing of equipment or space, shall submit a request for approval of such expenditure, with such information as the department requires, to the Department of Social Services. Any such facility which proposes to acquire imaging equipment requiring a capital expenditure in excess of four hundred thousand dollars, including the leasing of such equipment, shall obtain the approval of the Office of Health Care Access division of the Department of Public Health in accordance with [section 19a-639] the provisions of chapter 368z, subsequent to obtaining the approval of the Commissioner of Social Services. Prior to the facility's obtaining the imaging equipment, the Commissioner of Public Health, after consultation with the Commissioner of Social Services, may elect to perform a joint or simultaneous review with the Department of Social Services.

Sec. 20. Subsection (e) of section 17b-353 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(e) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section. The commissioner shall implement the standards and procedures of the Office of Health Care Access division of the Department of Public Health concerning certificates of need established pursuant to section 19a-643, as amended by this act, as appropriate for the purposes of this section, until the time final regulations are adopted in accordance with said chapter 54.

Sec. 21. Subsection (j) of section 17b-354 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(j) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section. The commissioner shall implement the standards and

1242 procedures of the Office of Health Care Access division of the
1243 Department of Public Health concerning certificates of need
1244 established pursuant to section 19a-643, as amended by this act, as
1245 appropriate for the purposes of this section, until the time final
1246 regulations are adopted in accordance with said chapter 54.

1247 Sec. 22. Section 17b-356 of the general statutes is repealed and the
1248 following is substituted in lieu thereof (*Effective October 1, 2010*):

1249 Any health care facility or institution, as defined in subsection (a) of
1250 section 19a-490, except a nursing home, rest home, residential care
1251 home or residential facility for the mentally retarded licensed pursuant
1252 to section 17a-227 and certified to participate in the Title XIX Medicaid
1253 program as an intermediate care facility for the mentally retarded,
1254 proposing to expand its services by adding nursing home beds shall
1255 obtain the approval of the Commissioner of Social Services in
1256 accordance with the procedures established pursuant to sections 17b-
1257 352, as amended by this act, 17b-353, as amended by this act, and 17b-
1258 354, as amended by this act, for a facility, as defined in section 17b-352,
1259 as amended by this act, prior to obtaining the approval of the Office of
1260 Health Care Access division of the Department of Public Health
1261 pursuant to section [19a-638 or] 19a-639, [or both] as amended by this
1262 act.

1263 Sec. 23. Subsection (b) of section 19a-7 of the general statutes is
1264 repealed and the following is substituted in lieu thereof (*Effective*
1265 *October 1, 2010*):

1266 (b) For the purposes of establishing a state health plan as required
1267 by subsection (a) of this section and consistent with state and federal
1268 law on patient records, the department is entitled to access hospital
1269 discharge data, emergency room and ambulatory surgery encounter
1270 data, data on home health care agency client encounters and services,
1271 data from community health centers on client encounters and services
1272 and all data collected or compiled by the Office of Health Care Access
1273 division of the Department of Public Health pursuant to section 19a-

1274 613.

1275 Sec. 24. Subsections (b) and (c) of section 19a-493b of the general
1276 statutes are repealed and the following is substituted in lieu thereof
1277 (*Effective October 1, 2010*):

1278 (b) No entity, individual, firm, partnership, corporation, limited
1279 liability company or association, other than a hospital, shall
1280 individually or jointly establish or operate an outpatient surgical
1281 facility in this state without complying with chapter 368z, except as
1282 otherwise provided by this section, and obtaining a license within the
1283 time specified in this subsection from the Department of Public Health
1284 for such facility pursuant to the provisions of this chapter, unless such
1285 entity, individual, firm, partnership, corporation, limited liability
1286 company or association: (1) Provides to the Office of Health Care
1287 Access division of the Department of Public Health satisfactory
1288 evidence that it was in operation on or before July 1, 2003, or (2)
1289 obtained, on or before July 1, 2003, from the Office of Health Care
1290 Access, a determination that a certificate of need is not required. An
1291 entity, individual, firm, partnership, corporation, limited liability
1292 company or association otherwise in compliance with this section may
1293 operate an outpatient surgical facility without a license through March
1294 30, 2007, and shall have until March 30, 2007, to obtain a license from
1295 the Department of Public Health.

1296 (c) Notwithstanding the provisions of this section, no outpatient
1297 surgical facility shall be required to comply with section 19a-631, 19a-
1298 632, [19a-637a,] 19a-644, as amended by this act, 19a-645, as amended
1299 by this act, 19a-646, 19a-649, 19a-654 to 19a-660, inclusive, as amended
1300 by this act, 19a-662, 19a-664 to 19a-666, inclusive, 19a-669 to 19a-670a,
1301 inclusive, as amended by this act, 19a-671, 19a-671a, 19a-672 to 19a-676,
1302 inclusive, 19a-678, or 19a-681 to 19a-683, inclusive, as amended by this
1303 act. Each outpatient surgical facility shall continue to be subject to the
1304 obligations and requirements applicable to such facility, including, but
1305 not limited to, any applicable provision of this chapter and those
1306 provisions of chapter 368z not specified in this subsection, except that

1307 a request for permission to undertake a transfer or change of
1308 ownership or control shall not be required pursuant to subsection (a)
1309 of section 19a-638, as amended by this act, if the Office of Health Care
1310 Access division of the Department of Public Health determines that the
1311 following conditions are satisfied: (1) Prior to any such transfer or
1312 change of ownership or control, the outpatient surgical facility shall be
1313 owned and controlled exclusively by persons licensed pursuant to
1314 section 20-13, either directly or through a limited liability company,
1315 formed pursuant to chapter 613, a corporation, formed pursuant to
1316 chapters 601 and 602, or a limited liability partnership, formed
1317 pursuant to chapter 614, that is exclusively owned by persons licensed
1318 pursuant to section 20-13, or is under the interim control of an estate
1319 executor or conservator pending transfer of an ownership interest or
1320 control to a person licensed under section 20-13, and (2) after any such
1321 transfer or change of ownership or control, persons licensed pursuant
1322 to section 20-13, a limited liability company, formed pursuant to
1323 chapter 613, a corporation, formed pursuant to chapters 601 and 602,
1324 or a limited liability partnership, formed pursuant to chapter 614, that
1325 is exclusively owned by persons licensed pursuant to section 20-13,
1326 shall own and control no less than a sixty per cent interest in the
1327 outpatient surgical facility.

1328 Sec. 25. Subsection (a) of section 19a-499 of the general statutes is
1329 repealed and the following is substituted in lieu thereof (*Effective*
1330 *October 1, 2010*):

1331 (a) Information received by the Department of Public Health
1332 through filed reports, inspection or as otherwise authorized under this
1333 chapter, shall not be disclosed publicly in such manner as to identify
1334 any patient of an institution, except in a proceeding involving the
1335 question of licensure. [or in any proceeding before the Office of Health
1336 Care Access involving such institution.]

1337 Sec. 26. Subsection (c) of section 19a-509b of the general statutes is
1338 repealed and the following is substituted in lieu thereof (*Effective*
1339 *October 1, 2010*):

1340 (c) Each hospital that holds or administers one or more hospital bed
1341 funds shall make available in a place and manner allowing individual
1342 members of the public to easily obtain it, a one-page summary in
1343 English and Spanish describing hospital bed funds and how to apply
1344 for them. The summary shall also describe any other policies regarding
1345 the provision of charity care and reduced cost services for the indigent
1346 as reported by the hospital to the Office of Health Care Access division
1347 of the Department of Public Health pursuant to section 19a-649 and
1348 shall clearly distinguish hospital bed funds from other sources of
1349 financial assistance. The summary shall include notification that the
1350 patient is entitled to reapply upon rejection, and that additional funds
1351 may become available on an annual basis. The summary shall be
1352 available in the patient admissions office, emergency room, social
1353 services department and patient accounts or billing office, and from
1354 any collection agent. If during the admission process or during its
1355 review of the financial resources of the patient, the hospital reasonably
1356 believes the patient will have limited funds to pay for any portion of
1357 the patient's hospitalization not covered by insurance, the hospital
1358 shall provide the summary to each such patient.

1359 Sec. 27. Section 4-101a of the general statutes is repealed and the
1360 following is substituted in lieu thereof (*Effective October 1, 2010*):

1361 (a) The Office of Policy and Management [,] may provide grants,
1362 technical assistance or consultation services, or any combination
1363 thereof, to one or more nongovernmental acute care general hospitals
1364 as permitted by this section. Such grants, technical assistance or
1365 consultation services shall be consistent with applicable federal
1366 disproportionate share regulations, as from time to time amended.

1367 (b) Grants, technical assistance or consultation services, or any
1368 combination thereof, provided under this section may be made to
1369 assist a nongovernmental acute care general hospital to develop and
1370 implement a plan to achieve financial stability and assure the delivery
1371 of appropriate health care services in the service area of such hospital,
1372 or to assist a nongovernmental acute care general hospital in

1373 determining strategies, goals and plans to ensure its financial viability
1374 or stability. Any such hospital seeking such grants, technical assistance
1375 or consultation services shall prepare and submit to the Office of Policy
1376 and Management and the Office of Health Care Access division of the
1377 Department of Public Health a plan that includes at least the following:
1378 (1) A statement of the hospital's current projections of its finances for
1379 the current and the next three fiscal years; (2) identification of the
1380 major financial issues which effect the financial stability of the hospital;
1381 (3) the steps proposed to study or improve the financial status of the
1382 hospital and eliminate ongoing operating losses; (4) plans to study or
1383 change the mix of services provided by the hospital, which may
1384 include transition to an alternative licensure category; and (5) other
1385 related elements as determined by the Office of Policy and
1386 Management. Such plan shall clearly identify the amount, value or
1387 type of the grant, technical assistance or consultation services, or
1388 combination thereof, requested. Any grants, technical assistance or
1389 consultation services, or any combination thereof, provided under this
1390 section shall be determined by the Secretary of the Office of Policy and
1391 Management not to jeopardize the federal matching payments under
1392 the medical assistance program and the emergency assistance to
1393 families program as determined by the Office of Health Care Access
1394 division of the Department of Public Health or the Department of
1395 Social Services in consultation with the Office of Policy and
1396 Management.

1397 (c) There is established a nonlapsing account, from which grants,
1398 purchases of services of any type or reimbursement of state costs for
1399 services deemed necessary by the Office of Policy and Management to
1400 assist one or more nongovernmental acute care general hospitals under
1401 this section shall be made.

1402 (d) The submission of a proposed plan by the hospital under
1403 subsection (b) of this section may be considered [a letter of intent] an
1404 application for the purposes of any certificate of need which may be
1405 required to change the hospital's service offering.

1406 (e) Upon review and approval of the probable significant benefit of
1407 a hospital's submitted plan, the Office of Policy and Management may
1408 recommend that a grant be awarded and issue such grant, or contract
1409 with one or more consultants to provide technical or other assistance
1410 or consultation services, or may provide any combination of such grant
1411 and assistance that the office deems necessary or advisable.

1412 Sec. 28. Section 19a-645 of the general statutes is repealed and the
1413 following is substituted in lieu thereof (*Effective October 1, 2010*):

1414 A nonprofit hospital, licensed by the Department of Public Health,
1415 which provides lodging, care and treatment to members of the public,
1416 and which wishes to enlarge its public facilities by adding contiguous
1417 land and buildings thereon, if any, the title to which it cannot
1418 otherwise acquire, may prefer a complaint for the right to take such
1419 land to the superior court for the judicial district in which such land is
1420 located, provided such hospital shall have received the approval of the
1421 Office of Health Care Access [under section 19a-639] division of the
1422 Department of Public Health in accordance with the provisions of this
1423 chapter. Said court shall appoint a committee of three disinterested
1424 persons, who, after examining the premises and hearing the parties,
1425 shall report to the court as to the necessity and propriety of such
1426 enlargement and as to the quantity, boundaries and value of the land
1427 and buildings thereon, if any, which they deem proper to be taken for
1428 such purpose and the damages resulting from such taking. If such
1429 committee reports that such enlargement is necessary and proper and
1430 the court accepts such report, the decision of said court thereon shall
1431 have the effect of a judgment and execution may be issued thereon
1432 accordingly, in favor of the person to whom damages may be assessed,
1433 for the amount thereof; and, on payment thereof, the title to the land
1434 and buildings thereon, if any, for such purpose shall be vested in the
1435 complainant, but such land and buildings thereon, if any, shall not be
1436 taken until such damages are paid to such owner or deposited with
1437 said court, for such owner's use, within thirty days after such report is
1438 accepted. If such application is denied, the owner of the land shall
1439 recover costs of the applicant, to be taxed by said court, which may

1440 issue execution therefor. Land so taken shall be held by such hospital
1441 and used only for the public purpose stated in its complaint to the
1442 superior court. No land dedicated or otherwise reserved as open space
1443 or park land or for other recreational purposes and no land belonging
1444 to any town, city or borough shall be taken under the provisions of this
1445 section.

1446 Sec. 29. Section 19a-654 of the general statutes is repealed and the
1447 following is substituted in lieu thereof (*Effective October 1, 2010*):

1448 The Office of Health Care Access division of the Department of
1449 Public Health shall require short-term acute care general or children's
1450 hospitals to submit such data, including discharge data, as it deems
1451 necessary to fulfill the responsibilities of the office. Such data shall
1452 include data taken from medical record abstracts and hospital bills.
1453 The timing and format of such submission shall be specified by the
1454 office. The data may be submitted through a contractual arrangement
1455 with an intermediary. If the data is submitted through an
1456 intermediary, the hospital shall ensure that such submission is timely
1457 and that the data is accurate. The office may conduct an audit of the
1458 data submitted to such intermediary in order to verify its accuracy.
1459 Individual patient and physician data identified by proper name or
1460 personal identification code submitted pursuant to this section shall be
1461 kept confidential, but aggregate reports from which individual patient
1462 and physician data cannot be identified shall be available to the public.

1463 Sec. 30. Subsection (c) of section 38a-553 of the general statutes is
1464 repealed and the following is substituted in lieu thereof (*Effective*
1465 *October 1, 2010*):

1466 (c) Plans providing minimum standard benefits need not provide
1467 benefits for the following: (1) Any charge for any care for any injury or
1468 disease either (A) arising out of and in the course of an employment
1469 subject to a workers' compensation or similar law or where such
1470 benefit is required to be provided under a workers' compensation
1471 policy to a sole proprietor, business partner or corporation officer who

1472 elects such coverage pursuant to the provisions of chapter 568, or (B) to
1473 the extent benefits are payable without regard to fault under a
1474 coverage statutorily required to be contained in any motor vehicle or
1475 other liability insurance policy or equivalent self-insurance; (2) any
1476 charge for treatment for cosmetic purposes other than surgery for the
1477 prompt repair of an accidental injury sustained while covered,
1478 provided cosmetic shall not mean replacement of any anatomic
1479 structure removed during treatment of tumors; (3) any charge for
1480 travel, other than transportation by local professional ambulance to the
1481 nearest health care institution qualified to treat the illness or injury; (4)
1482 any charge for private room accommodations to the extent it is in
1483 excess of the institution's most common charge for a semiprivate room;
1484 (5) any charge by health care institutions to the extent that it is
1485 determined by the carrier that the charge exceeds the rates approved
1486 by the Office of Health Care Access division of the Department of
1487 Public Health; (6) any charge for services or articles to the extent that it
1488 exceeds the reasonable charge in the locality for the service; (7) any
1489 charge for services or articles which are determined not to be
1490 medically necessary, except that this shall not apply to the fabrication
1491 or placement of the prosthesis as specified in subdivision (11) of
1492 subsection (a) of this section and subdivision (2) of this subsection; (8)
1493 any charge for services or articles the provisions of which is not within
1494 the scope of the license or certificate of the institution or individual
1495 rendering such services or articles; (9) any charge for services or
1496 articles furnished, paid for or reimbursed directly by or under any law
1497 of a government, except as otherwise provided [herein] in this
1498 subsection; (10) any charge for services or articles for custodial care or
1499 designed primarily to assist an individual in meeting his activities of
1500 daily living; (11) any charge for services which would not have been
1501 made if no insurance existed or for which the covered individual is not
1502 legally obligated to pay; (12) any charge for eyeglasses, contact lenses
1503 or hearing aids or the fitting thereof; (13) any charge for dental care not
1504 specifically covered by sections 38a-505, 38a-546 and 38a-551 to 38a-
1505 559, inclusive; and (14) any charge for services of a registered nurse
1506 who ordinarily resides in the covered individual's home, or who is a

1507 member of the covered individual's family or the family of the covered
1508 individual's spouse.

1509 Sec. 31. Subsection (a) of section 19a-485 of the general statutes is
1510 repealed and the following is substituted in lieu thereof (*Effective*
1511 *October 1, 2010*):

1512 (a) Whenever the words "home for the aged" or "homes for the
1513 aged" are used or referred to in the following sections of the general
1514 statutes, the words "residential care home" or "residential care homes",
1515 respectively, shall be substituted in lieu thereof: 1-19, 9-19c, 9-19d, 9-
1516 159q, 10a-178, 12-407, 12-412, 17b-340, 17b-341, 17b-344, 17b-352, as
1517 amended by this act, 17b-356, as amended by this act, 17b-522, 17b-601,
1518 19a-490, 19a-491, 19a-491a, 19a-504, 19a-521, 19a-521b, 19a-550, 19a-576,
1519 [19a-638, 19a-639,] 20-87a, 32-23d, 38a-493 and 38a-520.

1520 Sec. 32. Subsections (b) and (c) of section 19a-486a of the general
1521 statutes are repealed and the following is substituted in lieu thereof
1522 (*Effective October 1, 2010*):

1523 (b) Prior to any transaction described in subsection (a) of this
1524 section, the nonprofit hospital and the purchaser shall concurrently
1525 submit a [letter of intent] certificate of need determination letter as
1526 described in subsection (c) of section 19a-638, as amended by this act,
1527 to the commissioner and the Attorney General by serving it on them
1528 by certified mail, return receipt requested, or delivering it by hand to
1529 each office. Such letter of intent shall contain: (1) The name and
1530 address of the nonprofit hospital; (2) the name and address of the
1531 purchaser; (3) a brief description of the terms of the proposed
1532 agreement; and (4) the estimated capital expenditure, cost or value
1533 associated with the proposed agreement. The letter [of intent] shall be
1534 subject to disclosure pursuant to section 1-210.

1535 (c) The commissioner and the Attorney General shall review the
1536 [letter of intent] certificate of need determination letter. The Attorney
1537 General shall determine whether the agreement requires approval
1538 pursuant to this chapter. If such approval is required, the

1539 commissioner and the Attorney General shall transmit to the purchaser
1540 and the nonprofit hospital an application form for approval pursuant
1541 to this chapter, unless the commissioner refuses to accept a filed or
1542 submitted [letter of intent as provided in section 19a-639e] certificate of
1543 need determination letter. Such application form shall require the
1544 following information: (1) The name and address of the nonprofit
1545 hospital; (2) the name and address of the purchaser; (3) a description of
1546 the terms of the proposed agreement; (4) copies of all contracts,
1547 agreements and memoranda of understanding relating to the proposed
1548 agreement; (5) a fairness evaluation by an independent person who is
1549 an expert in such agreements, that includes an analysis of each of the
1550 criteria set forth in section 19a-486c; (6) documentation that the
1551 nonprofit hospital exercised the due diligence required by subdivision
1552 (2) of subsection (a) of section 19a-486c, including disclosure of the
1553 terms of any other offers to transfer assets or operations or change
1554 control of operations received by the nonprofit hospital and the reason
1555 for rejection of such offers; and (7) such other information as the
1556 commissioner or the Attorney General deem necessary to their review
1557 pursuant to the provisions of sections 19a-486 to 19a-486f, inclusive, as
1558 amended by this act, and [sections 19a-637 to 19a-639, inclusive]
1559 chapter 368z. The application shall be subject to disclosure pursuant to
1560 section 1-210.

1561 Sec. 33. Section 19a-486b of the general statutes is repealed and the
1562 following is substituted in lieu thereof (*Effective October 1, 2010*):

1563 Not later than one hundred twenty days after the date of receipt of
1564 the completed application pursuant to subsection (d) of section 19a-
1565 486a, the Attorney General and the commissioner shall approve the
1566 application, with or without modification, or deny the application. The
1567 commissioner shall also determine, in accordance with the provisions
1568 of chapter 368z, whether to approve, with or without modification, or
1569 deny the application for a certificate of need that is part of the
1570 completed application. Notwithstanding the provisions of [sections
1571 19a-638 and 19a-639] section 19a-639a, as amended by this act, the
1572 commissioner shall complete the decision on the application for a

1573 certificate of need within the same time period as the completed
1574 application. Such one-hundred-twenty-day period may be extended by
1575 agreement of the Attorney General, the commissioner, the nonprofit
1576 hospital and the purchaser. If the Attorney General initiates a
1577 proceeding to enforce a subpoena pursuant to section 19a-486c or 19a-
1578 486d, as amended by this act, the one-hundred-twenty-day period
1579 shall be tolled until the final court decision on the last pending
1580 enforcement proceeding, including any appeal or time for the filing of
1581 such appeal. Unless the one-hundred-twenty-day period is extended
1582 pursuant to this section, if the commissioner and Attorney General fail
1583 to take action on an agreement prior to the one-hundred-twenty-first
1584 day after the date of the filing of the completed application, the
1585 application shall be deemed approved.

1586 Sec. 34. Subsection (a) of section 19a-486d of the general statutes is
1587 repealed and the following is substituted in lieu thereof (*Effective*
1588 *October 1, 2010*):

1589 (a) The commissioner shall deny an application filed pursuant to
1590 subsection (d) of section 19a-486a unless the commissioner finds that:
1591 (1) The affected community will be assured of continued access to
1592 affordable health care; (2) in a situation where the asset or operation to
1593 be transferred provides or has provided health care services to the
1594 uninsured or underinsured, the purchaser has made a commitment to
1595 provide health care to the uninsured and the underinsured; (3) in a
1596 situation where health care providers or insurers will be offered the
1597 opportunity to invest or own an interest in the purchaser or an entity
1598 related to the purchaser safeguard procedures are in place to avoid a
1599 conflict of interest in patient referral; and (4) certificate of need
1600 authorization is justified in accordance with [sections 19a-637 to 19a-
1601 639, inclusive] chapter 368z. The commissioner may contract with any
1602 person, including, but not limited to, financial or actuarial experts or
1603 consultants, or legal experts with the approval of the Attorney General,
1604 to assist in reviewing the completed application. The commissioner
1605 shall submit any bills for such contracts to the purchaser. Such bills
1606 shall not exceed one hundred fifty thousand dollars. The purchaser

1607 shall pay such bills no later than thirty days after the date of receipt of
1608 such bills.

1609 Sec. 35. Section 19a-487a of the general statutes is repealed and the
1610 following is substituted in lieu thereof (*Effective October 1, 2010*):

1611 Any additional mobile field hospital beds and related equipment
1612 obtained for the purpose of enhancing the state's bed surge capacity or
1613 providing isolation care under the state's public health preparedness
1614 planning and response activities shall be exempt from the provisions
1615 of [subdivision (2) of] subsection (a) of section 19a-638, as amended by
1616 this act.

1617 Sec. 36. Section 19a-643 of the 2010 supplement to the general
1618 statutes is repealed and the following is substituted in lieu thereof
1619 (*Effective October 1, 2010*):

1620 (a) The Department of Public Health shall adopt regulations, in
1621 accordance with the provisions of chapter 54, to carry out the
1622 provisions of sections 19a-630 to 19a-639e, inclusive, as amended by
1623 this act, and sections 19a-644, as amended by this act, and 19a-645, as
1624 amended by this act, concerning the submission of data by health care
1625 facilities and institutions, including data on dealings between health
1626 care facilities and institutions and their affiliates, and, with regard to
1627 requests or proposals pursuant to sections 19a-638 [and 19a-639] to
1628 19a-639e, inclusive, as amended by this act, by state health care
1629 facilities and institutions, the ongoing inspections by the office of
1630 operating budgets that have been approved by the health care facilities
1631 and institutions, standard reporting forms and standard accounting
1632 procedures to be utilized by health care facilities and institutions and
1633 the transferability of line items in the approved operating budgets of
1634 the health care facilities and institutions, except that any health care
1635 facility or institution may transfer any amounts among items in its
1636 operating budget. All such transfers shall be reported to the office
1637 within thirty days of the transfer or transfers.

1638 (b) The Department of Public Health may adopt such regulations, in

1639 accordance with the provisions of chapter 54, as are necessary to
1640 implement this chapter.

1641 [(c) The regulations adopted by the Department of Public Health
1642 concerning requests or proposals pursuant to section 19a-639 shall
1643 include a fee schedule for certificate of need review under section 19a-
1644 639. The fee schedule shall (1) contain a minimum filing fee for all
1645 applications under said section 19a-639, (2) be based on a percentage of
1646 the requested authorization in addition to the minimum filing fee, and
1647 (3) apply to new requests and requests for modification of prior
1648 decisions if the modification request has a proposed additional cost of
1649 one hundred thousand dollars or more beyond the original
1650 authorization amount, or if the modification request aggregated with
1651 any other prior modification requests totals one hundred thousand
1652 dollars or more. The fee schedule shall be reviewed annually and
1653 adjusted as necessary.]

1654 Sec. 37. Section 19a-681 of the general statutes is repealed and the
1655 following is substituted in lieu thereof (*Effective October 1, 2010*):

1656 (a) Each hospital shall file with the office its current pricemaster
1657 which shall include each charge in its detailed schedule of charges.

1658 (b) If the billing detail by line item on a patient bill does not agree
1659 with the detailed schedule of charges on file with the office for the date
1660 of service specified on the bill, the hospital shall be subject to a civil
1661 penalty of five hundred dollars per occurrence payable to the state not
1662 later than fourteen days after the date of notification. The penalty shall
1663 be imposed in accordance with [subsections (b) to (e), inclusive, of]
1664 section 19a-653, as amended by this act. The office may issue an order
1665 requiring such hospital, not later than fourteen days after the date of
1666 notification of an overcharge to a patient, to adjust the bill to be
1667 consistent with the schedule of charges on file with the office for the
1668 date of service specified on the patient bill.

1669 Sec. 38. Section 51-344b of the general statutes is repealed and the
1670 following is substituted in lieu thereof (*Effective October 1, 2010*):

1671 Whenever the term "judicial district of Hartford" is used or referred
1672 to in the following sections of the general statutes, the term "judicial
1673 district of New Britain" shall be substituted in lieu thereof: Subsection
1674 (b) of section 3-70a, sections 3-71a and 4-164, subsection (c) of section 4-
1675 183, subdivision (4) of subsection (g) of section 10-153e, subparagraph
1676 (C) of subdivision (4) of subsection (e) of section 10a-109n, sections 12-
1677 3a, 12-89, 12-103, 12-208, 12-237, 12-242hh, 12-242ii, 12-242kk, 12-268l,
1678 12-307, 12-312, 12-330m, 12-405k, 12-422, 12-448, 12-454, 12-463, 12-489,
1679 12-522, 12-554, 12-586g and 12-597, subsection (b) of section 12-638i,
1680 sections 12-730, 14-57, 14-66, 14-195, 14-324, 14-331 and 19a-85,
1681 subsection (f) of section 19a-332e, [subsection (d) of section 19a-653,]
1682 sections 20-156, 20-247, 20-307, 20-373, 20-583 and 21a-55, subsection
1683 (e) of section 22-7, sections 22-320d and 22-386, subsection (e) of section
1684 22a-6b, section 22a-30, subsection (a) of section 22a-34, subsection (b) of
1685 section 22a-34, section 22a-182a, subsection (f) of section 22a-225,
1686 sections 22a-227, 22a-344, 22a-374, 22a-408 and 22a-449g, subsection (f)
1687 of section 25-32e, section 29-158, subsection (f) of section 29-161z,
1688 sections 36b-30 and 36b-76, subsection (f) of section 38a-41, section 38a-
1689 52, subsection (c) of section 38a-150, sections 38a-185, 38a-209 and 38a-
1690 225, subdivision (3) of section 38a-226b, sections 38a-241, 38a-337 and
1691 38a-657, subsection (c) of section 38a-774, section 38a-776, subsection
1692 (c) of section 38a-817 and section 38a-994.

1693 Sec. 39. Subsections (b) to (d), inclusive, of section 33-182bb of the
1694 2010 supplement to the general statutes are repealed and the following
1695 is substituted in lieu thereof (*Effective October 1, 2010*):

1696 (b) Any medical foundation organized on or after July 1, 2009, shall
1697 file a copy of its certificate of incorporation and any amendments to its
1698 certificate of incorporation with the Office of Health Care Access
1699 division of the Department of Public Health not later than ten business
1700 days after the medical foundation files such certificate of incorporation
1701 or amendment with the Secretary of the State pursuant to chapter 602.

1702 (c) Any medical group clinic corporation formed under chapter 594
1703 of the general statutes, revision of 1958, revised to 1995, which amends

1704 its certificate of incorporation pursuant to subsection (a) of section 33-
1705 182cc, shall file with the Office of Health Care Access division of the
1706 Department of Public Health a copy of its certificate of incorporation
1707 and any amendments to its certificate of incorporation, including any
1708 amendment to its certificate of incorporation that complies with the
1709 requirements of subsection (a) of section 33-182cc, not later than ten
1710 business days after the medical foundation files its certificate of
1711 incorporation or any amendments to its certificate of incorporation
1712 with the Secretary of the State.

1713 (d) Any medical foundation, regardless of when organized, shall file
1714 notice with the Office of Health Care Access division of the
1715 Department of Public Health and the Secretary of the State of its
1716 liquidation, termination, dissolution or cessation of operations not later
1717 than ten business days after a vote by its board of directors or
1718 members to take such action. Not later than ten business days after
1719 receiving a written request from the [Office of Health Care Access]
1720 office, a medical foundation shall provide the [Office of Health Care
1721 Access] office with a statement of its mission and a description of the
1722 services it provides, and a description of any significant change in its
1723 services during the preceding year as reported on the medical
1724 foundation's most recently filed Internal Revenue Service return of
1725 organization exempt from income tax form, or any replacement form
1726 adopted by the Internal Revenue Service.

1727 Sec. 40. Subsection (d) of section 19a-644 of the 2010 supplement to
1728 the general statutes is repealed and the following is substituted in lieu
1729 thereof (*Effective October 1, 2010*):

1730 (d) The [Office of Health Care Access] office shall require each
1731 hospital licensed by the Department of Public Health, that is not
1732 subject to the provisions of subsection (a) of this section, to report to
1733 said office on its operations in the preceding fiscal year by filing copies
1734 of the hospital's audited financial statements. Such report shall be due
1735 at [said] the office on or before the close of business on the last
1736 business day of the fifth month following the month in which a

1737 hospital's fiscal year ends.

1738 Sec. 41. Section 19a-673c of the general statutes is repealed and the
1739 following is substituted in lieu thereof (*Effective October 1, 2010*):

1740 On or before March 1, 2004, and annually thereafter, each hospital
1741 shall file with the [Office of Health Care Access] office a debt collection
1742 report that includes (1) whether the hospital uses a collection agent, as
1743 defined in section 19a-509b, to assist with debt collection, (2) the name
1744 of any collection agent used, (3) the hospital's processes and policies
1745 for assigning a debt to a collection agent and for compensating such
1746 collection agent for services rendered, and (4) the recovery rate on
1747 accounts assigned to collection agents, exclusive of Medicare accounts,
1748 in the most recent hospital fiscal year.

1749 Sec. 42. Subsection (a) of section 19a-25h of the 2010 supplement to
1750 the general statutes is repealed and the following is substituted in lieu
1751 thereof (*Effective October 1, 2010*):

1752 (a) There is established a health information technology and
1753 exchange advisory committee. The committee shall consist of twelve
1754 members as follows: The Lieutenant Governor; three appointed by the
1755 Governor, one of whom shall be a representative of a medical research
1756 organization, one of whom shall be an insurer or representative of a
1757 health plan, and one of whom shall be an attorney with background
1758 and experience in the field of privacy, health data security or patient
1759 rights; two appointed by the president pro tempore of the Senate, one
1760 of whom shall have background and experience with a private sector
1761 health information exchange or health information technology entity,
1762 and one of whom shall have expertise in public health; two appointed
1763 by the speaker of the House of Representatives, one of whom shall be a
1764 representative of hospitals, an integrated delivery network or a
1765 hospital association, and one of whom who shall have expertise with
1766 federally qualified health centers; one appointed by the majority leader
1767 of the Senate, who shall be a primary care physician whose practice
1768 utilizes electronic health records; one appointed by the majority leader

1769 of the House of Representatives, who shall be a consumer or consumer
 1770 advocate; one appointed by the minority leader of the Senate, who
 1771 shall have background and experience as a pharmacist or other health
 1772 care provider that utilizes electronic health information exchange; and
 1773 one appointed by the minority leader of the House of Representatives,
 1774 who shall be a large employer or a representative of a business group.
 1775 The Commissioners of Public Health, Social Services [,] and Consumer
 1776 Protection, [and the Office of Health Care Access,] the Chief
 1777 Information Officer, the Secretary of the Office of Policy and
 1778 Management and the Healthcare Advocate, or their designees, shall be
 1779 ex-officio, nonvoting members of the committee.

1780 Sec. 43. Subdivision (1) of subsection (a) of section 19a-673 of the
 1781 general statutes is repealed and the following is substituted in lieu
 1782 thereof (*Effective October 1, 2010*):

1783 (1) "Cost of providing services" means a hospital's published
 1784 charges at the time of billing, multiplied by the hospital's most recent
 1785 relationship of costs to charges as taken from the hospital's most
 1786 recently available annual financial filing with the [Office of Health
 1787 Care Access] office.

1788 Sec. 44. Section 19a-669 of the general statutes is repealed and the
 1789 following is substituted in lieu thereof (*Effective October 1, 2010*):

1790 Effective October 1, 1993, and October first of each subsequent year,
 1791 the Secretary of the Office of Policy and Management shall determine
 1792 and inform the [Office of Health Care Access] office of the maximum
 1793 amount of disproportionate share payments and emergency assistance
 1794 to families eligible for federal matching payments under the medical
 1795 assistance program pursuant to federal statute and regulations and
 1796 subdivisions (2) and (28) of subsection (a) of section 12-407,
 1797 subdivision (1) of section 12-408, subdivision (5) of section 12-412,
 1798 section 12-414, section 19a-649 and this section and the actual and
 1799 anticipated appropriation to the medical assistance disproportionate
 1800 share-emergency assistance account authorized pursuant to sections 3-

114i and 12-263a to 12-263e, inclusive, as amended by this act, subdivisions (2) and (29) of subsection (a) of section 12-407, subdivision (1) of section 12-408, section 12-408a, subdivision (5) of section 12-412, subdivision (1) of section 12-414 and sections 19a-646, 19a-659, 19a-662, 19a-669 to 19a-670a, inclusive, as amended by this act, 19a-671, 19a-671a, 19a-672, 19a-672a, 19a-673, as amended by this act, and 19a-676, and the amount of emergency assistance to families' payments to eligible hospitals projected for the year, and the anticipated amount of any increase in payments made pursuant to any resolution of any civil action pending on April 1, 1994, in the United States district court for the district of Connecticut. The Department of Social Services shall inform the office of any amount of uncompensated care which the Department of Social Services determines is due to a failure on the part of the hospital to register patients for emergency assistance to families, or a failure to bill properly for emergency assistance to families' patients. If during the course of a fiscal year the Secretary of the Office of Policy and Management determines that these amounts should be revised, said secretary shall so notify the office and the office may modify its calculation pursuant to section 19a-671 to reflect such revision and its orders as it deems appropriate and the Commissioner of Social Services may modify said commissioner's determination pursuant to section 19a-671.

Sec. 45. Subsection (b) of section 19a-122c of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) On or before September 30, 2011, such pilot program shall comply with the provisions of sections 19a-638, as amended by this act, and [19a-639] 19a-639a, as amended by this act.

Sec. 46. Sections 19a-2b and 19a-637a of the general statutes are repealed. (*Effective October 1, 2010*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2010</i>	19a-630
Sec. 2	<i>October 1, 2010</i>	19a-630a
Sec. 3	<i>October 1, 2010</i>	19a-634
Sec. 4	<i>October 1, 2010</i>	19a-637
Sec. 5	<i>October 1, 2010</i>	19a-638
Sec. 6	<i>October 1, 2010</i>	19a-639
Sec. 7	<i>October 1, 2010</i>	19a-639a
Sec. 8	<i>October 1, 2010</i>	19a-639b
Sec. 9	<i>October 1, 2010</i>	19a-639c
Sec. 10	<i>October 1, 2010</i>	19a-639e
Sec. 11	<i>October 1, 2010</i>	19a-653
Sec. 12	<i>October 1, 2010</i>	4-67x(a)
Sec. 13	<i>October 1, 2010</i>	12-263a(4) and (5)
Sec. 14	<i>October 1, 2010</i>	17a-22j(b)(11)
Sec. 15	<i>October 1, 2010</i>	17a-678
Sec. 16	<i>October 1, 2010</i>	17b-234
Sec. 17	<i>October 1, 2010</i>	17b-240
Sec. 18	<i>October 1, 2010</i>	17b-352(g)
Sec. 19	<i>October 1, 2010</i>	17b-353(a)
Sec. 20	<i>October 1, 2010</i>	17b-353(e)
Sec. 21	<i>October 1, 2010</i>	17b-354(j)
Sec. 22	<i>October 1, 2010</i>	17b-356
Sec. 23	<i>October 1, 2010</i>	19a-7(b)
Sec. 24	<i>October 1, 2010</i>	19a-493b(b) and (c)
Sec. 25	<i>October 1, 2010</i>	19a-499(a)
Sec. 26	<i>October 1, 2010</i>	19a-509b(c)
Sec. 27	<i>October 1, 2010</i>	4-101a
Sec. 28	<i>October 1, 2010</i>	19a-645
Sec. 29	<i>October 1, 2010</i>	19a-654
Sec. 30	<i>October 1, 2010</i>	38a-553(c)
Sec. 31	<i>October 1, 2010</i>	19a-485(a)
Sec. 32	<i>October 1, 2010</i>	19a-486a(b) and (c)
Sec. 33	<i>October 1, 2010</i>	19a-486b
Sec. 34	<i>October 1, 2010</i>	19a-486d(a)
Sec. 35	<i>October 1, 2010</i>	19a-487a
Sec. 36	<i>October 1, 2010</i>	19a-643
Sec. 37	<i>October 1, 2010</i>	19a-681

Sec. 38	<i>October 1, 2010</i>	51-344b
Sec. 39	<i>October 1, 2010</i>	33-182bb(b) to (d)
Sec. 40	<i>October 1, 2010</i>	19a-644(d)
Sec. 41	<i>October 1, 2010</i>	19a-673c
Sec. 42	<i>October 1, 2010</i>	19a-25h(a)
Sec. 43	<i>October 1, 2010</i>	19a-673(a)(1)
Sec. 44	<i>October 1, 2010</i>	19a-669
Sec. 45	<i>October 1, 2010</i>	19a-122c(b)
Sec. 46	<i>October 1, 2010</i>	Repealer section

PH *Joint Favorable Subst.*

FIN *Joint Favorable*